Alpha Hope Counseling, Inc.

DAWSONVILLE
137 Prominence Court, Suite 220
Dawsonville, Georgia 30534
706.216.4735

CUMMING
327 Dahlonega St, 302 B
Cumming, Georgia 30040
678.571.7505

Client Name: ______________________________ Date: ______________

If the client is a minor, please provide the following information.

Mother: ______________________________ Phone Number ______________

Father: ______________________________ Phone Number ______________

Release of Information

- ✓ I hereby authorize Alpha Hope Counseling, Inc. to release and receive any or all information from my records in writing or verbally, as deemed appropriate. I also give my permission for Alpha Hope Counseling, Inc. to re-disclose between the resources listed below. All writing/oral records/reports as deemed necessary to/from the following persons.
- ✓ Please give complete information on all probation officer, lawyers, judges, court systems, treatment, or counseling centers we may need to contact.

Release information to:

Name: ______________________ Name: ______________________
Company: ______________________ Company: ______________________
Address ______________________ Address ______________________
Phone: ______________________ Phone: ______________________
Fax: ______________________ Fax: ______________________

Name: ______________________ Name: ______________________
Company: ______________________ Company: ______________________
Address ______________________ Address ______________________
Phone: ______________________ Phone: ______________________
Fax: ______________________ Fax: ______________________

Purpose or need for release:

____

____

Specific information to be released:

☐ Results of Psychological Testing ☐ MMPI Profile ☐ Diagnosis

☐ Treatment Plan ☐ Statement of Progress ☐ Prognosis

☐ Discharge Summary ☐ Recommendations for Current Therapy ☐ Physical Status

☐ Other ____

We, the undersigned client(s) understand that this information will be used for the purpose of assisting with my counseling, education, or treatment and/or fulfilling a court order, a condition of probation or assisting in my pre-court appearance as applicable. I understand that this authorization will remain in effect for two (2) years, unless I specify an earlier expiration date here: ______________________

I understand that unless otherwise limited by state or federal regulation and exception to the extent that action may have been taken which was based on my consent, I may withdraw this consent at any time by notifying Alpha Hope Counseling, Inc. in writing.

X ______________________ ____________ **X** ______________________ ____________
Client Signature **Date** **Parent/Guardian** **Date**

X ______________________ ____________ **X** ______________________ ____________
Cllient Signature **Date** **Counselor/Witness** **Date**