Martha McClure, MA LCMHC

186 Iron Kettle Road, Warner NH, 03278 - 303-502-4775

Client Release of Information

Client Printed Name: _____ Date: _____

Authorization for Release of Information: I hereby authorize Martha McClure to release and/or exchange the following types of information related to my counseling process:

related to diagnosis and/or symptoms for which I am receiving treatment _____

related to treatment goals and/or objectives and progress _____

related to pertinent history and/or family systems _____

This release applies to the following individual(s) and/or organizations: (print clearly and include contact information):

Effective Dates of Release:

_____ _____

If not stipulated, Release will suspend 30 days following the final session date.

_____ _____

Client Signature (or Parent/Guardian) **Date**