



Laurie J. Hall, LCSW

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Release of Information

Primary Client: _____ D.O.B. _____

I, the undersigned, hereby authorize Laurie J. Hall, LCSW to disclose information of the above named to _____

This disclosure is for the purpose to coordinate treatment and case management efforts with other appropriate social services, mental health professionals, collaborating agencies, or individuals. Such disclosure is limited to the following information: _____

This consent to release information is valid and in effect throughout the entire course of treatment and will expire upon termination of treatment. I understand that I may withdraw this authorization at any time and that any cancellation or modification of this authorization must be in writing.

Clients Signature/Parent/Legal Guardian

Date

Laurie J. Hall, LCSW

Date