



Release of Information

I hereby authorize Living Water Counseling to disclose information to/receive information from the agencies listed below, which includes my psychiatric and/or substance abuse records, and information obtained in the course of my evaluation, diagnosis, and/or treatment.

The agencies from/to, which Living Water Counseling will request or send records are:

Name	Address	Phone
1.		
2.		
3.		

This consent is subject to revocation by the undersigned at any time, except to the extent that action has already been taken in reliance thereon and if not earlier revoked, it shall terminate one year after the date signed. Release or transfer of the disclosed information to any person or entity not specified herein is prohibited by law, except as specified below. An additional consent must be obtained for further usage or transfer of disclosed information to agencies other than those authorized. I am fully aware that certain State and Federal Statutes and Regulations require that I voluntarily and knowingly sign this document before the named individuals or agencies can release any records, and that I may refuse to sign my signature, but in that event the records cannot and will not be released or disclosed by/to the named individuals or agencies.

Name of Client (print) _____

Signature of Client (or responsible adult) _____

Date signed: _____

Please return to:
Living Water Counseling
Evie Cunliffe
3522 Silverside Rd., Ste 32
Wilmington, DE 19810
Tel 443-553-7317

FAX: 302-397-2511