



A New Life Christian Counseling

A New Life Is Possible One Step at a Time
www.anlcc.com

Brad L. Peterson, Program Supervisor
WA State Certified Domestic Violence
Perpetrator Treatment Program
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RELEASE OF INFORMATION

I hereby authorize _____
Name of Person/Agency (i.e. probation officer, other treatment center, etc.) to give/receive records
Phone: (____) _____ - _____ Fax: (____) _____ - _____

to release and/or accept information regarding _____
Name of Client

both to and from A New Life Christian Counseling and/or Brad L. Peterson, MA for the purpose of
treatment coordination.

I specifically authorize the disclosure of information regarding:

- ___ Yes ___ No Domestic Violence/Abuse Prevention Treatment Progress
- ___ Yes ___ No Evaluation/Assessment Results & Recommendation(s)
- ___ Yes ___ No Police/Arresting Incident Reports
- ___ Yes ___ No Alcohol/Drug Treatment
- ___ Yes ___ No Mental Health Services/Counseling History
- ___ Yes ___ No Medical/Psychiatric Treatment History
- ___ Yes ___ No Legal/Criminal History
- ___ Yes ___ No Other _____
- ___ Yes ___ No Other _____

This authorization shall be valid for a period of twelve (12) months from the date signed. I understand that I may revoke this release at any time by submitting a written request, but that such a request will not apply to any information exchanged prior to the date of such a request being received.

Signature _____ Date _____

Parent or Guardian _____ Date _____

Witness _____ Date _____

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document _____ (Agency Staff Person)