



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 **Victim**

I, _____ Date of Birth _____
(Client's first and last name)

dated _____, 20____ authorize information to be exchanged between the following person and A New Life Christian Counseling and/or Brad L. Peterson, MA for the purpose of treatment coordination as stated below.

Name of Victim(s): _____ Relationship: _____

Address/City, State: _____

Zip Code: _____ Phone: _____ Work: _____

This request and authorization applies to:

Information in accordance with WAC 338-60 requires that state certified treatment programs notify the victim, the victim's community advocates and legal advocates with certain information that includes entry into treatment, termination from the treatment program, and any other information related to victim safety.

Other: _____

Signature of Client

Date Signed

Signature of Witness

Date Signed