



# A New Life Christian Counseling

A New Life Is Possible One Step at a Time  
[www.anlcc.com](http://www.anlcc.com)

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## RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize **A New Life Christian Counseling** and its registered agents/staff to release and/or accept information regarding me to/from:

\_\_\_\_\_  
Name of Person/Agency (i.e. Medical Dr., Attorney, Probation Officer, Pastor, other treatment center, etc.) to give/receive records

Address (if known): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I specifically authorize the disclosure of information and/or records regarding (Please initial each category):

- Yes  No Evaluation/Assessment Results & Recommendation(s)
- Yes  No Police/Arresting Incident Reports
- Yes  No Domestic Violence/Abuse Prevention Treatment Progress
- Yes  No Legal/Criminal History
- Yes  No Sexual Addiction Recovery Treatment Progress
- Yes  No Alcohol/Drug Treatment/Counseling History
- Yes  No Mental Health Services/Counseling History
- Yes  No Medical/Psychiatric Treatment History
- Yes  No Financial Payment Arrangement(s)
- 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 \_\_\_\_\_

Counselor \_\_\_\_\_ 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.