

Anita A. Neuer, MA, CRC, NCC
Licensed Professional Counselor

CONSENT TO RELEASE INFORMATION

I have been informed that under Alabama law, communications between a client and his or her Licensed Professional Counselor are privileged and may not be disclosed without the client's consent. I have also been informed that case records may not be disclosed to third parties except with the client's consent or through legal process.

I, (print your name here) _____, authorize

Anita A. Neuer, LPC, CRC, NCC
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to discuss my case, including history, treatment and condition, test results, and related information with the parties listed below. **I hereby release Ms. Neuer and these parties to share information about my case with each other**—The following parties, along with Anita Neuer, are authorized to share information in a reciprocal manner regarding my case:

_____.

This consent will expire in one year or _____.

Signature

Date

Social Security Number

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INFORMED CONSENT REGARDING LIMITS OF CONFIDENTIALITY

Guidelines concerning confidentiality are exempt when there is evidence of my intent to hurt myself or others, or when the welfare of children are at risk, at which time, my counselor may seek assistance from appropriate resources without my consent. I release Ms. Neuer from any and all liabilities arising from but not limited to the laws of the State of Alabama and/or any other state, related to the necessary disclosure of confidential or privileged information.

Signature

Witness

Date

Date