

**James Bowen Counseling M.S. MFT-Intern  
Counseling Information and Consent  
3243 E. Warm Springs Rd  
Las Vegas, NV 89120  
(775) 537-4453**

## ***Release of Information***

I, \_\_\_\_\_, hereby authorize James Bowen Counseling to release all information pertaining to my evaluation and/or counseling sessions

to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for the purpose of: \_\_\_\_\_  
(Indicate the specific reason)

\_\_\_\_\_

I understand that authorization shall remain valid from the date of my signature below and for twelve (12) months thereafter ending on: \_\_\_\_\_

I understand that my records are protected under Federal and Specific State confidentiality laws and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has already occurred. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

\_\_\_\_\_  
(Client, parent, guardian, or other authorized person to sign) Date

\_\_\_\_\_  
(Client, parent, guardian, or other authorized person to sign) Date