SWFLA Counseling, Inc
12220 Towne Lake Drive, Suite 60
Fort Myers, FL 33913

Release of Information

At times an important aspect of counseling is coordination with other individuals or community agencies, which may be of future assistance to your family or with whom you may have worked in the past. It is also necessary at times to communicate with insurance companies to facilitate reimbursement.

Please sign the statement below giving your permission for me to communicate with these individuals or agencies on your behalf.

_____
_____
_____

I/We hereby give consent **SWFLA Counseling, Inc** to release or receive information regarding my treatment (or my child's treatment) deemed necessary to or from other individuals or service providing agencies concerning:

_____

I/We specifically request the following not be contacted:

_____

I/We understand that all information involved will be kept confidential from persons not authorized.

Signed: _____
(client)

_____
(client)

_____
(provider)

Date: _____

* A photocopy of this authorization shall be considered valid.