

John A. Henry, MA, LPCA
Licensed Professional Counselor Associate
717 Green Valley Rd, Suite 200
Greensboro, NC 27408
Phone: (919) 949-7701
Email: ncchristiancounselor@gmail.com
Website: www.NCChristianCounselor.com



Authorization for Release and Exchange of Information with John Henry, MA, LPCA

I, _____ (DOB _____), hereby authorize the release and exchange specified below between **John Henry, MA, LCMHCA** and:

Name of other person: _____
Address: _____
Phone: _____
Fax: _____

Purpose of the disclosure authorized (as specific as possible):

Coordination of Care Referral Payment Other _____

Data may be released in written, verbal, or electronic form and may include copies of the following information: **(Please check all applicable information)**

- Psychiatric Evaluation /Diagnosis Codes
- Psychological/Educational Testing
- Service/Treatment Plan
- Alcohol or Substance Abuse History and Tx
- General Progress in Treatment
- Discharge Summary
- Other: _____

This doctrine of authorization of release has been explained to me and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this authorization is truly voluntary. This consent is subject to revocation by written instructions of the undersigned at any time. Further, I understand that this consent shall expire and must, if needed, be re-obtained twelve (12) months from the date below.

Client Name (Print)

Client Signature

Date

John Henry, MA, LCMHCA

Date