Compass Counseling
1508 New Pinery Road
Portage, WI 53901
(608) 745-4900 Fax: (608) 745-4990

Authorization for Release or Exchange of Information

_____ of Compass Counseling, LLC is given my permission to
(name of therapist)

☐ Release to ☐ Obtain from ☐ Exchange with (check one) :

Name of Individual, Agency, Program: _____

Address: _____

Phone: _____

Information Regarding:

_____ _____
Print full name of client Date of Birth

I understand that the purpose or need of this information is to aid in providing and coordinating assessment, treatment and after care services. I have checked all specific information below that is being requested:

☐ Psychological Evaluations ☐ Psychiatric Records ☐ School Records ☐ Other _____

☐ Counseling Records ☐ Medical Records ☐ Verbal Communication

You are under no obligation to sign this form and you may refuse to do so. Except as permitted under applicable law, Compass Counseling may not refuse to provide you with treatment if you refuse to sign this form.

I understand that my records are protected under Wisconsin State Statutes governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in State Statute.

I understand that my consent may be revoked by me at any time, except to the extent that action has already been taken. This consent expires one year from this date unless expressly revoked earlier. I hereby release you and Compass Counseling, LLC from all legal responsibility or liability that may arise from this act. I may cancel this authorization in writing in one of the following three ways:

1. Sign and date a revocation form. This form is available from your therapist.
2. Write, sign and date a letter to your therapist to cancel this authorization.
3. Sign, date and write "cancel" on this original form.

Once your therapist gives out the information, he or she has no control over it. The recipient might re-release it. Privacy laws may no longer protect it.

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Guardian Date

_____ _____
Witness signature Date