

Shannon Huntsberry, MA, LPC

350 Broadway, Suite 210, Boulder, CO 80305 - T: 303.817.8276 - F: 303.494.3837
shannonhuntsberry@gmail.com, www.shannonhuntsberry.com

Release of Information Form

I, _____, grant permission for the release and exchange of information between Shannon Huntsberry, MA, LPC, and:

Name: _____

Organization (if applicable): _____

Phone: _____ Fax: _____

Address: _____

Information to be shared (please check all relevant categories):

<input type="checkbox"/> Entire client file	<input type="checkbox"/> Medical history
<input type="checkbox"/> Academic history	<input type="checkbox"/> Social history
<input type="checkbox"/> Employment history	<input type="checkbox"/> Case notes
<input type="checkbox"/> Psychological history	<input type="checkbox"/> Other: _____

I understand that this release may be withdrawn at any time upon written notification to Shannon Huntsberry, and that it will automatically expire one year from the date it is signed. Photocopies or faxes of this document will be considered as originals for the purposes of allowing exchange of information.

Date: _____

Name of client

Date of birth

Signature of client/parent(s)/guardian

Witness