



Specific Consent for Release of Information

This consent applies to: _____ DOB: _____
(client) (client's Date of Birth)

I hereby give my informed consent for GENESIS COUNSELING CENTER to talk with and/or release written documentation regarding my treatment to:
(Please print)

Primary Care Physician

name, address, and phone number of person or organization

Except for the following information:

Church or Minister (Please note: If you are a member of a church that we have a counseling agreement with, it will be necessary for Genesis Counseling Center, P.C. to communicate with the church regarding additional sessions after the initial authorized sessions are depleted.)

name, address, and phone number of person or organization

Except for the following information:

Probation Officer

name, address, and phone number of person or organization

Except for the following information:

Case Worker or Social Worker

name, address, and phone number of person or organization

Except for the following information:

Spouse or other family member

name, address, and phone number of person or organization

Except for the following information:

Other

name, address, and phone number of person or organization

Except for the following information:

Client or Guardian Signature

Date