

DORCAS K. HUTTON, MS, LCPC, NCC
LICENSED COUNSELOR

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Release of Information Authorization

I, _____, authorize Dorcas Hutton, LCPC,
Client's name

to _____ disclose information to: _____ receive information from:

Name: _____

Agency: _____

Address: _____

Phone number: _____ Fax number: _____

For the purpose of _____

_____.

I authorize release of the following information: _____

_____.

I understand that my records are protected under federal and state confidentiality law and regulations cannot be disclosed without my written consent unless otherwise provided in those regulations. I may rescind my consent in writing at any time. Cancellation of this release does not apply to information received or disclosed prior to receipt of my written request rescinding consent. If the information is about drug or alcohol services, I understand that federal rules forbid the use of this information to investigate or prosecute me. This release of information is valid for one year from the signed date of issuance or upon the date, event or condition listed below.

Client's signature

Date

Witness

Date