Heart to Heart Counseling Services, LLC
1585 Old Norcross Road, ste 201
Lawrenceville, GA 30046
404-275-6646

Authorization Consenting to Release of Information

I authorize (Cindy McKee, LPC) to **discuss** (verbally or in writing-via fax, email, mailed documents) anything that has been brought up during our psychotherapy or evaluation **with** any person/s or staff of clinic, office, agency, or institution/s named below and **receive** any relevant information **from** them. Please note information will be shared with your insurance company to process claims.

1. _____
2. _____
3. _____
4. _____

For the following reason(s):

____ Consultation/Psychotherapy,

____ Evaluation,

____ Other: _____

I may revoke this consent at any time. This consent is in effect for 1 year from the date of the last session, unless revoked in writing earlier or renewed.

_____	_____	_____
Client's Name (print)	Date	Signature
_____	_____	_____
Legal Guardian's Signature if client is a minor	Date	Signature