



3243 E. Warm Springs Rd.
Suite 100
Las Vegas, NV 89120
(702) 434-7290

RELEASE OF INFORMATION

I, _____, hereby authorize the Renewing Life

Center to release all information pertaining to my evaluation and/or counseling sessions

to: _____

for the purpose of: _____

(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below

and for twelve (12) months thereafter ending on: _____

I understand that my records are protected under Federal and specific State confidentiality laws and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has already occurred. I further acknowledge that the information to be released was fully explained to me and this consent given of my own free will.

(Client, parent, guardian, or other authorized person to sign)

Date

(Client, parent, guardian, or other authorized person to sign)

Date