

Consent for Release of Information to:

Pastors Roger and Debbie Horton, LCPC

LifeCare Reach Ministries & Collaborative Counseling Team Supervisors

575 NE Channon Avenue * Roseburg OR 97470 * 541.391.4322

I, _____, _____,
(Print Name of Counselee/Client or Guardian above) (Date of Birth)

do hereby consent and authorize _____

to release records, notes and conversations of my information to *LifeCare Reach Ministries, Collaborative Counseling Team and Pastors Roger and Debbie Horton, LCPC*;

- _____ for the purpose of Christian Counseling
- _____ for the purpose of referral and treatment
- _____ for the purpose of evaluating my situation
- _____ for the purpose of planning for and coordinating services for me and my family
- _____ for the purpose of Community Service Work Supervision and Accountability
- _____ for the purpose of: _____

I can cancel this at any time, but I understand that the cancellation will not affect my information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so. This consent is valid for one year or until withdrawn in writing.

Please INITIAL Yes or No in each area that applies:

- _____ Yes _____ No Medical/Psychiatric Treatment
- _____ Yes _____ No Spiritual History and Treatment
- _____ Yes _____ No Alcohol/Drug Treatment
- _____ Yes _____ No Family History
- _____ Yes _____ No Employment/Unemployment Information
- _____ Yes _____ No Assessment and Test Results/ Reports
- _____ Yes _____ No Educational Information and Reports
- _____ Yes _____ No I agree that the agencies and individuals listed above may share and exchange information about my family and my circumstances.

Mental Health, Alcohol/Drug and Medical Records include all aspects of diagnosis, treatment and prognosis. Educational records include both behavioral and progress notes.

I give my consent for release of my information as indicated above.

(Signature of Counselee/Client or Guardian) _____ Date