Consent for Release of Information to:

Pastors Roger and Debbie Horton, LCPC
LifeCare DCEF Collaborative Counseling Team Supervisors
1614 NE Vine St., Suite 2 * 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 DCEF, 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 This consent is valid for one year or until withdrawn in writing.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