



Loni K. Harmon, LCSW  
 Adrienne Koffman, LCSW  
 Kyle Oswald, LCSW  
 Leslie Miles-Stobbe, CSW  
 Makensie Baker, CSW  
 Rebecca Brown, CSW  
 Karen Rowe, MA, AMFT

4625 S. 2300 East Suite 211 | Salt Lake City, UT 84117  
 Phone: 801-865-1453 | contactus@millcreekadoptions.com | http://millcreek-counseling.com

## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

I [we] do hereby authorize Millcreek Counseling and Adoption Services and the persons listed below, or their representatives, to mutually release and disclose any and all information, including without limitation: records, documents, reports, opinions, assessments, histories and abstracts of every kind and description relating to my social, emotional, educational, psychological, and medical condition, and any care, which I [we] receive from you or your representatives. I [we] also authorize each of the persons and entities listed below, or their representatives, to mutually release and exchange copies of all files and documents that contain said information. In furtherance of this authorization, I do hereby waive any privilege and right of privacy relating to any disclosure hereby authorized. I [we] understand that this authorization will remain in effect until I [we] cancel by written notice to Millcreek Counseling and Adoption Services and to each person or entity listed below, which notice shall identify each person or entity for whom this authorization is withdrawn and cancelled. A photocopy of this authorization shall be accepted as granting the same authority as a signed original.

Name	Contact Information	Client's Initials

Client Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_