CHARIS
Counseling Center

Baldwin Park (Main Office)- 1543 Lake Baldwin Ln, Suite B
Orlando, FL 32814
Southwest Orlando - 7345 W. Sand Lake Road Suite 303
Orlando, FL 32819
Titusville - 2323 Washington Ave, Suite 213
Titusville, FL 32780
Phone: 407.894.5202
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Release of Information

Name:
Address:
Phone:
Date of Birth:
Social Security Number:

I authorize ____(therapist's name) and Charis Counseling Center to

☐ **Release and/or** ☐**obtain information to/from:**

Name or Person or Organization:
Address:
Phone/Fax:
Email Address:

I authorize information to be released by the following methods of communication:

☐ **Phone** ☐ **Fax** ☐ **Email** ☐ **Mail**

Info to be Released:

☐ Bio Psychosocial
☐ Treatment Plan
☐ Billing Statements
☐ Dates of Visits
☐ Treatment Notes
☐ Treatment Summary
☐ All Records

I understand:

- *I do not have to sign this authorization and my refusal to sign will not affect my ability to obtain treatment*
- *I may **revoke** this authorization at any time by submitting a written request to Charis Counseling Center.*
- *This authorization will expire on :*______________________________

I certify:
This form has been full explained to me and I understand its contents.

____
Client Signature

____
Date

____
Witness Signature

____
Date