

**Good Counsel**  
**Release of Confidential Information Agreement**

*This information is considered instrumental to the ongoing evaluation and treatment of this client.*

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

Date of Birth: \_\_\_\_\_

**This is to authorize:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**to disclose and release any information, including psychiatric and psychological records, for the individual named above to:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**who is authorized to discuss all matters pertinent to the progress of the client.**

**Information requested:**

\_\_\_\_\_ Psychiatric Information

\_\_\_\_\_ Social Welfare Data

\_\_\_\_\_ Psychological Testing

\_\_\_\_\_ Rehabilitation Records

\_\_\_\_\_ Educational Records

\_\_\_\_\_ Legal Information

\_\_\_\_\_ Medical Information

\_\_\_\_\_ Other

Date Signed: \_\_\_\_\_ *(Release is valid for one year from this date.)*

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

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CONFIDENTIAL -----CONFIDENTIAL-----CONFIDENTIAL**

Good Counsel

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