

Abbey Road Counseling Services, Inc.

Sandra K. Munn, LCSW

*Individual-Family-Adolescent Therapy
Anger Management Treatment
Substance Abuse Evaluation & Treatment
Domestic Violence Evaluation & Treatment*

Office:
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Cedar City, Utah 84720

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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____
(Please Print Name)

authorize:

Abbey Road Counseling Services, LLC
Sandra K. Munn, LCSW
415 North Main St. #104
Cedar City, UT 84721

To disclose and/or receive information from:

Name of agency: _____

Address: _____

Phone: _____ Fax: _____

For the purpose of _____

The following information may be disclosed/received:

_____ Psychotherapy	_____ Substance Abuse Evaluation
_____ Mental Health Assessment	_____ Clinical Documentation
Other: please specify _____	

This consent is to disclose and /or receive information and is in force until revoked in writing, and I release the individuals listed above from all legal liability that may arise from the release and/or disclosure of the requested information.

Patient or Legal Guardian

Date

Witness

Date