



Arrow Counseling Services LLC

1427 East Market Street
York, PA 17403
Phone: 717-755-0011
Fax: 717-755-0016
CArrow@ArrowCounselingServices.com
www.ArrowCounselingServices.com

RELEASE OF INFORMATION

To Whom It May Concern:

I, _____, ____/____/____ hereby authorize:
Printed Name of Client D.O.B.

_____ to disclose, when
Name of organization and/or person to release the information

requested to do so, by Arrow Counseling Services, LLC any and all information concerning myself with respect to any illness or injury, medical history, prescription or treatment, legal history, counseling or consultation or psychological testing and evaluation and written copies of any medical, counseling or social service records.

I also authorize Arrow Counseling Services LLC to disclose any and all information to the above organization and/or person.

The only purpose(s) for the disclosure of such information is to: facilitate client's treatment, coordinate treatment services with the above named provider, or obtain corroboration of client's report of history and current behavior. I may cancel this consent of information release at any time. This document will automatically be null and void 60 days after termination of treatment with Arrow Counseling Services. A photo copy of this authorization shall be considered as effective and valid as the original.

Client Signature

Date

Client Signature

Date

Counselor Signature

Date