

CURE COUNSELING & ASSESSMENT TRAINING CENTRE

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**PERSONAL CLIENT
RELEASE OF INFORMATION**

I, _____, hereby authorize CURE COUNSELING & ASSESSMENT TRAINING CENTRE to release information pertaining to my evaluation and/or counseling sessions to:

for the purpose of: _____
(indicate the specific reason)

I understand that this authorization applies to any and all counseling sessions at CURE Counseling, past, present or future sessions. I have been informed that I may revoke this authorization by written communication to CURE COUNSELNG. I certify that this form has been fully explained to me in the CURE Counseling Confidentiality Statement and that I understand its contents. I further agree that I will abide by and am aware of the Privacy Policies as set forth by CURE Counseling & Assessment Training Centre.

Signature of Client

Date of Authorization

Signature of Witness

Date