Graciela Aires Rust MS, LPCA, CRC
Tel: (808) 824-0721
e-mail: info@holisticgrowth.net

HOLISTIC GROWTH
Integrative Mental Health Counseling –Multicultural Consulting
Complementary and Alternative Therapies – Life Coaching
www.holisticgrowth.net

Authorization for Release of Information or Records

Client Name (please print):_____DOB: _____

Authorized Representative-if different from client (please print): _____

Contact Phone:_____Email: _____

I hereby give permission for Holistic Growth/Graciela Aires Rust MS, LPCA, CRC to disclose clinical information and/or obtain information from:

____Family member_____Doctor_____Lawyer____Hospital____School____Other: _____

Contact Name:_____Phone: _____

Address: _____

City, State:_____Zip: _____

____Family member_____Doctor_____Lawyer____Hospital____School____Other: _____

Contact Name:_____Phone: _____

Address: _____

City, State:_____Zip: _____

____Family member_____Doctor_____Lawyer____Hospital____School____Other: _____

Contact Name:_____Phone: _____

Address: _____

City, State:_____Zip: _____

I am authorizing the following information to be released (please check only the area you want information release):

_____**Phone Consultation** (preferred)**
_____Attendance record only
_____Diagnosis and assessment only
_____Progress report on treatment
_____Substance Abuse Evaluation
_____Treatment Recommendations only
_____Other (specify)
_____

I may revoke this consent at any time with a written request. This authorization will expire one year after the date of this document.

_____ _____

Signature of client or authorized representative (parent or guardian) Date