

AUTHORIZATION TO RELEASE COUNSELLING RECORDS

Amar Sangha, RCSW, RCC

Confidential Client Form

I authorize Amar Sangha, RCSW, RCC to disclose the records and information identified below to the person or organization named in this form. I understand that this authorization is voluntary and is intended to permit the release of information for the stated purpose.

1. CLIENT INFORMATION

Client full legal name

Date of birth (YYYY-MM-DD)

Phone

Email

2. PERSON OR ORGANIZATION AUTHORIZED TO RECEIVE RECORDS

Name / organization

Contact person / title

Phone

Mailing address

Fax

Secure email

3. RECORDS / INFORMATION TO BE RELEASED

☐ Complete counselling record

☐ Counselling / clinical notes

☐ Treatment summary

☐ Assessment information

☐ Attendance / appointment records

☐ Correspondence

Other records / specific information

Date range (optional): From

To

AUTHORIZATION TO RELEASE COUNSELLING RECORDS

Amar Sangha, RCSW, RCC

Consent and Signature

4. PURPOSE OF RELEASE

☐ Continuing care / treatment coordination

☐ Insurance / benefits

☐ Legal

☐ Personal request

☐ Other

5. CONSENT AND EXPIRY

- I understand that I may revoke this authorization in writing at any time. Revocation will not affect information that has already been released in reliance on this authorization.
- I understand that the records released may contain personal and sensitive health information related to my counselling services.
- I authorize Amar Sangha, RCSW, RCC to release only the records or information selected on page 1 to the recipient identified on page 1.
- I understand that the recipient may use or disclose the information as permitted or required by applicable law and by the recipient's own privacy obligations.

Consent remains in effect until (date or event)

6. CLIENT AUTHORIZATION

By signing below, I confirm that I have read and understood this authorization and consent to Amar Sangha, RCSW, RCC releasing the records or information specified in this form to the named recipient.

Client signature

Date (YYYY-MM-DD)

Preview: Markup > Sign, then place your signature in this box and save the PDF.

Client / authorized representative printed name

Relationship to client (if applicable)

INSTRUCTIONS

Complete all applicable fields on both pages. The client should sign only after reviewing the information to be released, the recipient, and the purpose. For an electronic signature in macOS Preview, open Markup, choose Sign, place the signature in the signature box, complete the date field, and save the PDF. The saved signature remains visible in the PDF.