Linda Mesing Cook, M.S.
Licensed Mental Health Counselor
National Certified Counselor/Certified Family Mediator
5458 Lake Howell Rd, Win. Park, FL 32792- (321)-274-2224 Fax (407)-699-4020
www.LindaMesingCook.com***LindaMesingCook@gmail.com**

Consent to Release Confidential Information

I authorize Linda Mesing Cook, M.S. to release and/or receive information from:

Name ___________________________________ _________________________
name of person/organization *phone*

Address ____

The specific information requested is as follows:

( ) Medical	( ) Psychiatric Evaluation
( ) Psychological Evaluation	( ) Psycho-Social History
( ) Telephone Consultation	( ) Discharge Summary
( ) Therapy/Counseling	( ) Educational Records

I understand that this information will be used solely for the professional purposes, will remain confidential, and will not be disclosed to third parties.

I understand that I have no obligation to disclose the above information and that I may revoke this consent at any time by informing any of the above noted individuals in writing. A copy of this release shall be as valid as the original. This consent remains valid for a period not to exceed one year.

Name (please print) ______________________________________ Date of Birth ___________

Signature of Client/Parent of Minor _________________________Date__________________

Witnessed ____Date__________________