

American Counseling & Training, Inc.

Release of Information

I hereby authorize *American Counseling & Training, Inc.* the right to verify employment, summary of findings, recommendations for additional services, type of treatment, length of program & family involvement.

This conformation may be made to the individuals named below, so that a resolution may be found to my issues:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SUBJECT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby release *American Counseling & Training, Inc.* from all legal responsibilities of liability that may arise from this act.

I understand that this release may be declared null and void by me at any time by written notice to *American Counseling & Training, Inc.*

I fully understand that any information released prior to any revocation is irretrievable and *American Counseling & Training, Inc.* will not be held for such an act.

This consent shall be no longer than is reasonably necessary to address the issue(s) for which it was signed. This release is not to exceed one year from the date of signature.

I understand that the purpose or need for this/these disclosure(s) is to verify an appropriate treatment plan, provide follow-up assistance, and help assure my continued employment.

Signed: _____

Date: _____

Signed: _____

Date: _____