



GroundWork
C O U N S E L I N G
400 South Orlando Avenue, Suite 206
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CONFIDENTIAL RELEASE OF INFORMATION

I _____ hereby authorize GroundWork Counseling LLC to release to:

Name and title

Address City State Zip Code

Phone number and/or Fax number, including area code

Information regarding services received for the purpose of:

Name: _____ (please print)

Signature: _____ Date: _____

Current Address: _____

Phone Number: _____

Email Address: _____

This consent is valid until _____ (six months maximum before a new release form is signed) (please specify date)

I understand that I may only revoke this form by notifying, in writing, the person, department or office authorized by this form to release information. I further understand that, after this date, I will need to sign a new release form should I wish to continue to authorize the release of information.

For more information, or if you have questions or need clarification, please contact your GroundWork Counseling provider