Branch Counseling, LLC
Debbie O'Berry, LPC CAAC MA FLE
3827 West Howell Road • Mason, MI 48854
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Client Authorization for Release of Information

I, _____ (Client Name), hereby authorize _____ (Name of Person, Doctor, etc.)

to release and/or exchange information contained in my client records only under the conditions listed below:

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1. The release and/or change of information will occur only between Branch Counseling, LLC and the client or parent/guardian or legal representative.

2. When it is necessary to send client information through the mail, envelopes used should be identified as CONFIDENTIAL MATERIAL.

3. Specific type of information to be disclosed:
   a. Exchange of background, psychological and/or medical information
   b. Specify:

4. This authorization can be revoked at any time except in those circumstances in which Branch Counseling, LLC has taken certain action on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent given under Sub-Part C, Federal Register, Volume 40, Number 127, July 1, 1975, shall have a duration no longer than that reasonably necessary to effectuate the purpose for which it is given.

5. Without expressed revoking, this consent expires for the following reasons:
   a. Date
   b. Event
   c. Condition: _____

_____ Witness Signature

_____ Client Signature

Date Witnessed _____ Date Signed _____

This Client Authorization for Release of Information is in accordance with the authorization specified in Public Act 56, of 1973. This form is in compliance with Title 42 Code of Federal Regulations, Part 11.