



RELEASE of INFORMATION

I understand that Kairos Counseling has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow for some of my personal information to be shared as appropriate.

I, _____, authorize _____ with Kairos Counseling to share the following specific information with:

Who I want to have my information:	Name:
	Phone Number:

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
Why I want my info shared: (purpose)	<i>(List as specifically as possible, for example: to receive benefits).</i>

I understand Kairos Counseling and I may not be able to control what happens to my information once it has been released to the above person, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ Date _____ Time _____

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____

Signed: _____ Time: _____ Witness: _____

