



## Release of Information

I, \_\_\_\_\_, hereby authorize Matthew Bruhin & Associates to  
release information pertaining to my evaluation and/or counseling sessions to:

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for the purpose of: \_\_\_\_\_  
(indicate the specific reason)

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I understand that authorization shall remain valid from the date of my signature below and for 12  
months there after ending on: \_\_\_\_\_

I have been informed that I may revoke this authorization by written or oral communication to  
Matthew Bruhin & Associates. I certify that this form has been fully explained to me and that I  
understand its contents.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date