Instructions for filling out Balance & Potential Inc's "CONSENT & AUTHORIZATION TO RELEASE INFORMATION" form:

A CONSENT & AUTHORIZATION TO RELEASE INFORMATION form is available online at:
https://balanceandpotential.com/wp-content/uploads/2018/10/BP-Release-of-Info.pdf

1. **What is the age of the client?**
   a. **For Adult clients (age 18+):**
      Write your name on this blank line:
      "I, _____ John Smith _____ (client, or parent of a minor),"

   b. **For minors/parents/guardians/ child clients (i.e., client is under age 18):**
      Write the parent name, "parent of" the child's name on this blank line:
      "I, Wendy Jones, mother of Brendan Jones (client, or parent of a minor),"

2. Write your Balance & Potential therapist's name (or all of your Balance & Potential therapists' names) on the line before the word "(therapists)"

   Example:

   _____ Kirsten Moore, Psy.D. _____ (therapists),

   or

   __ Kirsten Moore, Psy.D. and Charity Hochberg, L.M.S.W. __ (therapists),

3. Write the name of one person or write "staff of a certain Company (or School)" to whom your therapists may release information.
   Please use one form per person or company or school. Please provide as many ways for your therapist to identify and reach this person as possible, i.e., full name, phone numbers, FAX, email, full mailing address.

   Example:
   Name & Title: Dr. Susan Crowder, M.D.

   Phone/Fax/Email/Address: phone: 770-555-1212, FAX: 770-555-1313

   __DrC@psychiatrist.com_ 123 Main St., Anytown, GA 30022

4. Write the client name:

   Client's Name: _____ Brendan Jones _____
      a. For minors under age 18, the client name is the child's name.
      b. For adults, the client name is your name.
5. Sign next to "The parties stated above may discuss my medical and/or mental health information without limitations." Or, If you want to limit contact, specify the limitation on the blank lines, such as "for payment and attendance purposes only" if the release is to someone who is paying for your service.
      a. For minors under age 18, initial with the parent's initials.
      b. For adults, initial with your initials.
6. Deliver to your therapist in person or via email, U.S. mail or FAX. Please let your therapist know how to expect it. Thank you!