



MICHAEL TODD WILSON, LPC, BCC
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F:

CONSENT TO RELEASE INFORMATION

I, _____, hereby request that Michael Todd Wilson, LPC, BCC
(Client's name)

[] Release information to [] Obtain information from _____
(Name of person, place or institution you give us permission to contact)
(Check one or both if applicable)

_____, _____, _____, _____
(Street address) (City) (State) (Zip)

_____, _____
(Phone) (Fax)

a report of my diagnosis, treatment, prognosis, and recommendations, as well as other data pertinent to my professional
services from _____ to the present day. This may be by telephone or in writing.

I do not consent to release the following information (or write "not applicable"): _____

This authorization expires: [] on (date) _____
[] when the following event occurs _____

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this
consent at any time by informing, in writing, Michael Todd Wilson at Intentional Hearts. I further understand that this
authorization is valid for as long as Intentional Hearts is working with me in any way, or until I revoke this privilege in
writing (see below). I understand that these records may include psychological information.

In consideration of this consent, I hereby release the above parties from any legal liability resulting from release of this
information.

_____, _____
Client Signature Date

_____, _____
Printed Name of Above Individual

_____, _____
Witness Signature Date

PHOTOCOPY OF THIS RELEASE/SIGNATURE IS AS VALID AS THE ORIGINAL SIGNATURE

**DO NOT sign below this line unless you are revoking a previous Consent To Release Information.

I, _____, hereby REVOKE my consent as stated above.
(Client's name)

_____, _____
Client Signature Date