

Authorization to Release Information

I, _____,

being of sound mind and fully cognizant of the consequences of my acts, do hereby authorize and direct

Terry L. Lambright, Coram Deo Counseling & Consulting, PLLC

to release and furnish any or all information to

regarding myself and/or my conditions, including, but not limited to, professional opinions and reports of examinations, tests, treatment, diagnosis, and prognosis.

Further, I hereby relieve

Terry L. Lambright, Coram Deo Counseling & Consulting, PLLC

from all legal liability that might arise from the release of the information requested.

The foregoing authority shall continue in force and effect until revoked by me in writing.

Date

Client's Printed Name

Client's Signature