

HeartShare

Counseling & Consulting, PC

77 Church St. • Asheville, NC 28801 • Ph:(828)712-8398
pripo@pripo.com

Release of Information

Client name: _____ Date of Birth: _____

I, _____,

authorize Pripo Teplitsky, MA, LCMHC to discuss and share information regarding our work together with the following: _____

I understand that I may limit the extent and nature of the information to be released and any limits are specified as follows: **None** **Limits:**

(Expires one year from date of signature)

Client Signature (Guardian Signature if client is a minor)

Date

