

Consent to Release Information

I, _____, having been informed of my right to confidentiality of such information, do hereby authorize Pathfinders Guidance Center, LLC, to disclose records obtained in the course of services I have received from that agency to:

Such disclosure shall be limited to: **Enrollment, attendance, attitude, payments, evaluation, recommendations.** The information is needed for the following purposes: **Evaluation, progress reports and program compliance.** This consent shall terminate: **Indefinitely**

The following items are exceptions to this agreement and will be reported to the police without permission, if discussed in the presence of program personnel: **Child abuse, elder abuse, spousal abuse, suicide, plans to harm others and any other felony crime.**

CLIENT Signature

Date

Provider Signature

Date