	Main Office: 700 Frederick St. Ste. 103 Santa Cruz, CA 95062 Phone: 831-996-1222	Watsonville Office: 255A East Lake Ave. Watsonville, CA 95076 Fax: 831-417-0443	Monterey Office: 1010 Cass St. Bldg. C-4 Monterey, CA 93940 www.shinealight.info	New Perspectives Center for Counseling 862 Folsom St. San Francisco, 94107 sfnewperspectives.org

Consent to Release Confidential Information

By signing this document, I, _____ authorize the mutual exchange of health information between the following individuals and my therapist at Shine a Light Counseling Center: _____

(Therapist at Shine a Light)

This release is effective until _____.

This release is subject to the following restrictions _____.

Name: _____
(doctor/therapist/family member/other)

Phone: Fax: Email:

Name: _____
(additional person, if applicable)

Phone: Fax: Email:

Rights:

- You have a right to request a copy of this form and to request a copy of the information that is being disclosed.
- You do not have to sign this authorization and your refusal will not affect your benefits unless this authorization is necessary to determine your benefits
- The information disclosed by this authorization amy be at risk for re-disclosure by the recipient and if that happens, it might no longer be protected by federal privacy laws
- You have a right to revoke this authorization at any time. But if you revoke this authorization, the revocation will not affect the disclosure of any information that Shine A Light has already sent to the recipient.

Signature of client: _____ Date: _____

Signature of parent/guardian if client is a minor: _____ Date: _____