Safe Pathways Counseling, Inc.

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CONSENT TO DISCLOSE AND/OR ACQUIRE INFORMATION

I, _____ give my consent to Cornerstone Counseling & Consulting Specialist LLC., to disclose/acquire information for the purpose of:

1. Releasing the results of assessment/treatment
2. Assuring continuity of care
3. Coordinating with significant others
4. Coordinating with other service providers
5. Settling insurance/third party claims
6. Developing discharge/aftercare plans

I understand that the information will be disclosed/acquired only for the purpose noted above and that the information released/obtained will be limited to the following:

A. Court of Common Pleas
B. Probation/Parole
C. Attorney of Record
D. Social Services Agency
E. Children & Youth
F. School
G. Parent/Guardian
H. Other

I understand that I have no obligation whatsoever to authorize any disclosure/acquisition of information and I understand that I may revoke this consent at any time by notifying my counselor in writing specifying a day, time, event or condition upon which my consent will expire. Otherwise, this consent shall automatically expire in 180 days after the date noted below. I have read this information and have had it explained to me and I understand it's contents. A photo or copy of this form will be considered valid.

_____ _____

CLIENT'S SIGNATURE **DATE**

_____ _____

WITNESS **DATE**

COPY OFFERED: ☐ **ACCEPTED**

☐ **REJECTED**