



**Journey Counseling Services, LLC**  
 2525 W Main St, Ste 214  
 Rapid City, SD 57702-2439  
 Phone: 605-988-8131  
 Fax: 605-988-8141  
 www.journeycounselingservices.com

**CONSENT TO RELEASE OR OBTAIN INFORMATION**

This is a consent for release of information about: \_\_\_\_\_  
*(Client Name)*

Birth Date: \_\_\_\_\_

I authorize Michael E. Wheaton, MA, LMFT of Journey Counseling Services, LLC to release to or obtain information from: \_\_\_\_\_  
*(Name of persons or organizations)*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

- I understand that unless noted this release shall be reciprocal, allowing both Journey Counseling Services, LLC and the person or entity noted above to receive and exchange information.
- I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations if the person or entity is not a health care provider or health insurer.
- I understand that my written notice to Journey Counseling Services, LLC will revoke this consent at any time.
- I understand that information regarding my care may be shared internally to assure effective services.
- I understand that unless otherwise noted this release can be transmitted electronically.

**THE INFORMATION WILL BE USED/DISCLOSED FOR THE FOLLOWING PURPOSES:**

- |  |   |
|--|---|
| <input type="checkbox"/> Acknowledgement of Referral | <input type="checkbox"/> Social/Historical Past/Current |
| <input type="checkbox"/> Past/Current Assessment     | <input type="checkbox"/> Recommendations/Plans          |
| <input type="checkbox"/> Diagnostic Information      | <input type="checkbox"/> Medical/Medication             |
| <input type="checkbox"/> Case Management             | <input type="checkbox"/> Community Support              |
| <input type="checkbox"/> Legal Orders/Filings        | <input type="checkbox"/> Discharge Summaries            |
| <input type="checkbox"/> Progress                    |   |

Other (specify): \_\_\_\_\_

This authorization expires on: \_\_\_\_\_

**Client Name (print):** \_\_\_\_\_

\_\_\_\_\_  
*(Signature)* *(Date)*

**Parent/Guardian/Representative:** *(If client is unable to give legal consent.)*

\_\_\_\_\_  
*(Printed Name)* *(Relationship)*

\_\_\_\_\_  
*(Signature)* *(Date)*