



## Ventura Community Counseling

*build a healthy relationship with the heart and mind*

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

This release of information form authorizes from my records (or my child's records) to be shared between Ventura Community Counseling and the agency/individual listed below:

Name of Agency/Individual: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

I give permission to Ventura Community Counseling and the agency/individual listed above to share the following information (check all that applies):

_____ Any relevant information	_____ Psychiatric
_____ Medical	_____ Social
_____ Psychological	_____ Psychometric (Testing)
_____ Educational	_____ Other (please specify):

These disclosures should be limited to the following information: \_\_\_\_\_

I understand that I may revoke this consent at any time and that this authorization is valid for six months from the date listed below. I also understand that this information may not be released to any other person or organization without my permission in writing. I understand that I have the right to receive a copy of this form at any time upon request.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

Ventura Community Counseling  
260 Maple Court, Suite 228, Ventura, CA 93003  
www.VenturaCommunityCounseling.com  
805-791-9700