

**Lisa Sipes, LPC**  
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<b>Release of Information Consent Form</b>
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Name of Client \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_, authorize **Lisa Sipes, M.A., LPC**

To send and receive **phone calls** and **emails** from the following agencies or people:

Name	Address	City	State	Zip	Phone	Email
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Name	Address	City	State	Zip	Phone	Email
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Name	Address	City	State	Zip	Phone	Email
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The information will be used for the following purposes:

- Planning Appropriate Treatment or Program
- Continuing Appropriate Treatment or Program
- Determining Eligibility for Benefits or Program
- Case Review
- Updating Files
- Other (specify) \_\_\_\_\_

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I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Informing Client of Rights \_\_\_\_\_ Date \_\_\_\_\_