

**MASTERPEACE**  
**Center for Counseling and Development**  
*"A Trusted Name in Christian Counseling"*

**EXCHANGE AND RELEASE OF INFORMATION**

**CLIENT INFORMATION:**

Client's Name: \_\_\_\_\_

Date of Birth or Social Security Number: \_\_\_\_\_

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

**I AUTHORIZE MASTERPEACE COUNSELING TO RELEASE OR EXCHANGE THE FOLLOWING INFORMATION:**

\_\_\_\_\_ Acknowledgement of counseling or testing services

\_\_\_\_\_ Assessment information

\_\_\_\_\_ Treatment concerns or recommendations

\_\_\_\_\_ Progress report

\_\_\_\_\_ Other \_\_\_\_\_

**THE INDIVIDUAL / PROFESSIONAL / BUSINESS I WISH MASTERPEACE COUNSELING TO RELEASE OR EXCHANGE INFORMATION WITH:**

Name/Business: \_\_\_\_\_

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

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

This release will be valid until \_\_\_\_\_ or for one (1) year from the signature date. It may be revoked by the client or the guardian in writing anytime within this time frame. Persons or agencies receiving information may not further release the information without the informed, written consent of the client. The Organization offers a copy of the signed form to the party authorizing the disclosure of information when requested.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
MASTERPEACE Staff releasing or exchanging information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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