Deerfield Township Family Counseling Center, LLC

7567 Central Parke Blvd, Suite E, Mason, OH 45040

Phone: (513) 770-3231 Fax: (513) 770-5541 www.famcounse.com

RELEASE OF INFORMATION

I,	, authorize <u>Deerfield Twp. Family Counseling</u>		
Center, LLC To obtain and 1	provide the followi	ing information to	
for the purpo	se of		
I understand that I may revol	ke this consent at a	ny time except to the extent tha	at action
has been taken in reliance on	it, and that in any	event this consent shall expire	90 days
from the date of my signatur	e, unless another d	ate is specified.	
Specification of the date, eve	ent, or condition up	oon which consent expires:	
Client Social Security Number:		Date of Birth:	
Please check appropriate typ	e(s):release in	formation to obtain inform	ation from:
Client signature	Date	Witness/staff signature	Date
Parent or guardian signature (if a minor)		Date	