



Mahy Counseling and Consulting
Kirke Mahy Hestad, MS

1101 Harris Ave. Bellingham, WA 98225 360.303.7358
mahycounseling@gmail.com

Authorization for Disclosure of Information

Client Name: _____ Birth date: ____/____/____
Address: _____

I authorize Kirke Mahy Hestad, MS to exchange information with:

Person/Agency: _____
Address: _____
Phone: (____) _____ Fax: (____) _____

Person/Agency: _____
Address: _____
Phone: (____) _____ Fax: (____) _____

Person/Agency: _____
Address: _____
Phone: (____) _____ Fax: (____) _____

I understand that I may revoke this Authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this Authorization expires 12 months after the last dated signature.

Signature of Client Date

Parent/Guardian signature is required for all children under age 13. For children age 13 and over, we encourage the parent/guardian to sign, but it is not required. I understand that the information being requested for the above named minor child may include information regarding myself, the parent/legal guardian, relevant to my child's condition and treatment. I consent to the disclosure of such information.

Client Signature Date

Signature of Parent/Guardian Date

Signature of Witness Date

[12 Month Signature Updates]

Signature of Client/Parent/Guardian or Authorized Representative Date

Signature of Client/Parent/Guardian or Authorized Representative Date