

RELEASE OF INFORMATION FORM
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Fort Collins, CO 80525
Phone: 970-829-7399

Name: _____ Date of Birth: _____ Today's Date: _____

Address: _____

Phone: _____ Email: _____

Complete the area below ONLY if you agree to provide RTCC with your consent to communicate with the person and/or agencies listed below; be sure to fill in the contact information and to sign your name.

Name of Person/Agency: _____

Address: _____

Phone Number/s: _____

FAX Number: _____ Email: _____

Conditions of disclosure: _____

I have read the above and agree to release this information to the person/agency named above.

_____ **YES** Client Signature: _____

Print Client Name: _____

Date of Signature: _____

_____ **YES** Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Date of Signature: _____