

Carroll Counseling Center

Paul Carroll, LPC

2550 Hamilton Mill Road, Suite 13

Buford, GA 30519

(770)597-5805

pclpc@carrollcounselingcenter.com

Consent to Release Information

I, _____, authorize

to release any medical information requested in written or verbal form to:

Paul Carroll, LPC

2550 Hamilton Mill Road, Suite 13

Buford, GA 30519

770-597-5805

I understand that this information may include diagnosis, treatment plan, dates of scheduled procedures, progress, and medication prescribed. I may revoke this consent at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent shall expire six months from the date of signature, unless another date is specified.

Signature

Date