

Release of Information



I, _____, hereby provide permission for Finding Hope Counseling Services, LLC, to make contact with

in order to obtain/release records pertaining to my medical, counseling, and information that is pertinent to my therapy with Thomas Shoffner, LPC of Finding Hope Counseling Services, LLC through BetterHelp.

I agree that the following information can be shared:

- Progress Notes
- Therapy Attendance
- Summary of Sessions
- Diagnosis
- Evaluations/ Assessments

I hereby agree that this shall be valid for one (1) year from _____ and will make Thomas Shoffner, LPC aware if at any point I do not want him to continue to have contact with the mentioned party above.

_____ Print Name

_____ Date

_____ Signed