Anne Salyers-Hudgens
3005 Dixie Highway Suite 250
Edgewood, KY 41017
Telephone: 859-484-8884

Client Name:_Date of Birth:

I authorize to receive from and/or disclose information to the following:

1. ❒Receive from ❒Disclose to Phone: Fax#/Email:

   Address:

2. ❒Receive from ❒Disclose to Phone#: Fax#/Email:

   Address:

3. ❒Receive from ❒Disclose to Phone#: Fax#/Email:

   Address:

4. ❒Receive from ❒Disclose to Phone#: Fax#/Email:

   Address:

The following information may be disclosed: (check all that apply). ( ) Diagnostic impressions;
( )Written report (if one available); ( ) Recommendations; ( ) Progress;
( ) Additional information:

Purpose of receiving or disclosing information is to: (check all that apply). ( ) Assist with testing; ( ) Assist with therapeutic needs; ( ) Provide evaluation for court proceedings or possible legal proceedings; ( ) Pre-Employment Evaluation
( ) Additional information:

The information may be released in the following form: ( ) Written; ( ) Verbal; ( ) Fax; ( ) E-mail;
( ) Conference or Observation; ( ) Video or Audio tape

I understand that my rights are protected under federal regulations governing confidentiality and that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

This release covers the duration of treatment unless otherwise stated below:
Expiration date :

Client Signature:_Date:

Parent/Guardian Signature:_Date:

Witness Signature:_Date:

REVOCATION OF CONSENT (Only sign if you wish to take away consent previously given)

Signature of client or guardian: Date: