



SWFL COUNSELING, LLC

8280 College Parkway, Suite 103
Fort Myers, FL 33919

RELEASE OF INFORMATION

At times, an important aspect of counseling is coordination with other individuals, community agencies, your family, or any other providers you may have worked in the past. It is also necessary at times to communicate with insurance companies to facilitate reimbursement.

Please sign the statement below giving your permission for me to communicate with these individuals or agencies on your behalf:

I/We hereby give consent to **Bethaney Hoffacker, LMHC** to release or receive information regarding my treatment (or my child's treatment), deemed necessary, to or from other individuals or service providing agencies concerning:

I/We specifically request the following **not** be contacted:

I/We understand that all information involved will be kept confidential from person(s) not authorized.

Signed: _____
Client

Client

Witness (Counselor)

Date: _____

*A photocopy of this authorization shall be considered valid.