



Hurley Counseling, LLC

CHILDREN | ADOLESCENTS | ADULTS

Medical Information Release Form

Name: _____ **Date of Birth:** ___/___/___

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

I authorize Hurley Counseling, LLC to contact the person(s) written below to get information regarding my care.

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

Signed: _____ **Date:** ___/___/___

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