

Collaborative Couples & Family Counseling, LLC  
1601 116<sup>th</sup> Ave NE, Ste. 102  
Bellevue, WA 98004  
Ph 425-417-4700  
Fax 425-454-1476

**Client Release & Disclosure of Information**

I, \_\_\_\_\_ Date of birth: \_\_\_\_\_

hereby authorize Collaborative Couples & Family Counseling, LLC (CCFC, LLC) to:

Disclose information to:     Obtain information from:     Exchange information with:

\*I authorize the person or organization named below to disclose information to CCFC, LLC

\_\_\_\_\_  
(Name or class of persons to whom information may be disclosed)

\_\_\_\_\_  
(Address and Telephone Number)

Information requested from other sources:

\_\_\_\_\_  
\_\_\_\_\_

You may revoke this authorization in writing at any time, unless the person, organization, or CCFC, LLC has already disclosed the information. (see Notice of Privacy Practices).

This authorization expires  30 days after the end of treatment with CCFC, LLC or on the following date: \_\_\_\_\_.

I am aware that all information is confidential and is protected by the policies of Collaborative Couples & Family Counseling, LLC, the agency requesting and receiving the above information, and by State and Federal regulations.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Provider Signature (witness)

\_\_\_\_\_  
Client or Parent / Guardian Signature