

## Permission for Release of Information (ROI)

I, \_\_\_\_\_,  
hereby authorize Hannah Herkert, MA, LMHC of Hannah Herkert Counseling  
Services, PLLC located at 207 Ave. D Snohomish, WA 98290 (phone: 206-428-7802)  
to:

disclose information to receive information from exchange information with

Name of Individual: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Affiliated Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Regarding: \_\_\_\_\_ (DOB) \_\_\_\_\_

(Client Name – please print)

Client Address: \_\_\_\_\_

The information to be disclosed is:

- Treatment summary  History/Intake  Diagnosis  Dates of treatment  
 Psychological test results  Psychiatric evaluation / Medication history  
 Other (specify) \_\_\_\_\_

The purpose of this disclosure is for:

- Coordination of Care  Insurance / Billing  Coordination with school  
 Other (specify) \_\_\_\_\_

This consent is effective on \_\_\_\_\_ and expires on \_\_\_\_\_

*I understand that I may revoke this consent at any time by giving written notice to the person or  
organization making this disclosure.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTICE: This information has been disclosed from confidential records. Any further disclosure  
without the specific written consent of the person to whom it pertains exceeds the limits of this  
release. (However, there are legal and ethical requirements that counselors take responsible  
action in those situations as prescribed by law 1) where there is danger of imminent harm to self  
or others, and 2) in the case of apparent child abuse.)*