

Release of Information – Quick Form
Kanawha Pastoral Counseling Center (KPCC)

Client _____

Date _____

KPCC is releasing the following information at the client's request and with the client's authorization as indicated by the client's signature below.

The client was seen for _____ number of sessions.

The client was seen on the following dates in sessions lasting 45-50 minutes per session

During this period, the client missed _____ number of sessions

The goals of treatment have included

The client's commitment and approach to these goals could be:

____ proactive ____ diligent ____ resistant ____ passive ____ ineffective

The client's progress could be described as:

____ excellent ____ good ____ fair ____ poor ____ guarded

The items on this form have been filled out at the client's request by KPCC staff therapist

_____ on _____
KPCC staff name/signature Date

I have reviewed and authorized the release of the information listed above to the party and address listed below.

_____ _____
Client signature Date

This form is to be sent to:

Name _____

Address _____

Phone / Fax _____