



Specialized Crisis Counseling Services
AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

Section A: Individual authorizing use and/or disclosure.

Recipient Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Section B: The use and/or disclosure being authorized.

I, \_\_\_\_\_, as the recipient, or

I, \_\_\_\_\_, as the legal guardian or other

judicially authorized representative of the recipient do hereby authorize Louisiana Spirit Staff to:
(mark the appropriate box)

[ ] Release identifying information to: \_\_\_\_\_
(Person and Title or Entity and Address to whom information will be disclosed)

[ ] Obtain identifying information from: \_\_\_\_\_
(Person and Title or Entity and Address from whom information will be obtained)

I specifically authorize and consent to the [ ] release and/or [ ] obtainment (mark the appropriate box) of
identifying information pertaining to the following:

The type of identifying information to be released and/or obtained must be indicated by the recipient's initials by
the corresponding description:

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Disaster Related Need(s)

Describe the specific information to be released and/or obtained: \_\_\_\_\_

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

For the specific purpose of: \_\_\_\_\_

Section C: The expiration.

I understand that this authorization/consent will be effective on \_\_\_\_/\_\_\_\_/\_\_\_\_ and will expire on
\_\_\_\_\_. It cannot be renewed without my written consent.
(mm/dd/yyyy, event, or condition not to exceed 12 months)

Section D: Signature.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_