

# HeartShare

*Counseling & Consulting, PC*

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## Release of Information

Client name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian Name (if client is a minor): \_\_\_\_\_

I, \_\_\_\_\_, authorize Pripo Teplitsky, MA, LPC to discuss  
and share information regarding our work together with the following: \_\_\_\_\_

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

I understand that I may limit the extent and nature of the information to be released and any

limits are specified as follows: **None**      **Limits:** \_\_\_\_\_

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

\_\_\_\_\_  
Client Signature (Guardian Signature if client is a minor)

\_\_\_\_\_  
Date