



The On Earth Project

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THE ON EARTH COUNSELING PROJECT

The On Earth Counseling Project is dedicated to providing a safe and supportive environment wherein counselors partner with clients to work toward sustainable personal growth and mental/emotional health.

—Mission Statement

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-release of confidential information provided to the Counseling Center by other individuals or agencies. Such requests should be referred to the original individual or agency.

I _____ authorize the Counseling Center to:

- ___ release to:
- ___ obtain from:
- ___ exchange with:

the following information pertaining to myself:

- ___ treatment summary
- ___ history/intake
- ___ diagnosis
- ___ psychological test results
- ___ psychiatric evaluation/medication history
- ___ dates of treatment attendance
- ___ other (specify) _____

for the purpose of:

- ___ evaluation/assessment and/or coordinating treatment efforts
- ___ other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Signature of Client

Date