



360 N. Caswell Rd. #303 Charlotte, NC 28204  
[www.CornerstoneCounselingNC.com](http://www.CornerstoneCounselingNC.com) - 704.931.CORN

**REQUEST FOR RELEASE OF RECORDS & CONSENT TO DISCLOSE CLIENT INFORMATION**

I hereby request that Cornerstone Counseling of Charlotte, PLLC exchange records, reports, and client information from the following:

\_\_\_\_\_  
(Agency / Professional / Individual)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

This release pertains to: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Client Name)

This will authorize \_\_\_\_\_ to exchange client information with Cornerstone Counseling. Disclosed information may include clinical observations, history, diagnostic impressions, course of treatment and any other relevant information to treating this client.

This authorization for release of information may be revoked, in writing, at any time. Otherwise, this release will automatically expire in 1 year from date signed.

\_\_\_\_\_  
(Printed Name of Client)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Therapist)

\_\_\_\_\_  
(Date)