CHRISTIANCOUNSELORCOOPERATIVE

KATIE BURNS M.ED, LPC-MHSP

3069 S. Broad St. #7d - Chattanooga, TN 37408 - 423.328.8783

Authorization for Release of Information

I, _____, authorize Katie Burns, M.ED, LPC-MHSP. to:
(patient or guardian)

_____ provide information as indicated:_____

_____ exchange information as indicated: _____

_____ receive information as indicated: _____

regarding _____ treatment and status to/with/from:

(patient's name) (circle)
Name:_____

Street: _____
City:_____State:
_____

Zip: _____ Phone: _____

I understand that I may revoke this consent at any time by written request to the authorized person. The revocation is effective on the date the request is received and placed in the medical record. Patient's DOB___/___/___ and
_____Signature Date (Patient or Guardian)