New Day Dawning Counseling, LLC

RELEASE OF INFORMATION

for Sheryl McAlhaney MA, MRC, LPC, LAC
New Day Dawning Counseling, LLC

I hereby authorize Sheryl McAlhaney /New Day Dawning Counseling, LLC -
TO SEND clinical/counseling information

to: _____
(name & address/phone no. of recipient)

and/or TO REQUEST clinical/counseling information about me from:

_____
(name & address/phone no. of person providing information)

for the purpose of: __ Continuity of care__ __ Other: _____

I understand the need for the exchange of information and that there are statutes and regulations protecting the confidentiality of authorized information. I understand that this consent is truly voluntary and is valid until _____ (date not to exceed one year). I also understand that I may withdraw this consent at any time except to the extent that the information has already been received or obtained.

CLIENT NAME _____

ADDRESS _____

_____

PHONE _____

SIGNED: _____ **_____**
Signature of Client **Signature of parent if client is minor**

_____ **_____**
Printed or typed name **Printed or typed name of parent**

_____
Date

1703 Richland Street Columbia, SC 29201 **Phone 803-766-1109**
www.newdaydawning.net **Email: anewday@tsecuremail.com**