



Jill Cantor Lee
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AUTHORITY TO RELEASE AND/OR OBTAIN PROTECTED INFORMATION

I, _____, hereby authorize _____ and Jill Cantor Lee of Amani Mediation and Counseling LLC to obtain or release privileged information for the purpose of _____. I certify that this request is made voluntarily and I understand that I may revoke this consent at any time except to the extent that the action has been taken thereon. I further understand that this consent will expire on _____ and cannot be renewed without my written consent.

I understand that authorization of mental health information is voluntary. I understand that I may refuse to sign this authorization and that my refusal to do so will not affect my ability to obtain treatment.

Signature _____

Date _____