

INSIDE OUT DYNAMICS
130 Governor's Square Suite A
Fayetteville, GA 30215
(678) 364-1300

CLIENT RELEASE OF INFORMATION

I, _____, hereby authorize the INSIDE OUT DYNAMICS to
release information pertaining to my evaluation and/or counseling sessions to:

for the purpose of: _____
(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below and for 12
months thereafter ending on: _____

I have been informed that I may revoke this authorization by written or oral communication to the
INSIDE OUT DYNAMICS. I certify that this form has been fully explained to me and that I
understand its contents.

Signature of Client

Date of Authorization

Signature of Witness

Date