

The G.A.T.E.  
Jonathan F. Anderson, MA, LPC, LPC-Supervisor  
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**Authorization to Release Confidential Information**

I, \_\_\_\_\_, hereby release Jonathan F. Anderson, MA, LPC to release confidential information.

This information will be released to:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

Information to be disclosed (please check all that apply):

- Number of counseling sessions  
 Alcohol/Drug usage history  
 Summary of sessions  
 Client report of progress  
 Other (Please specify) \_\_\_\_\_

Method of releasing information:  Telephone  
 Written/Fax

I am signing under the following conditions:

- My judgment is not impaired by emotional duress or any chemicals
- I may withdraw this authorization, in writing, at anytime.
- If not withdrawn, this authorization expires twelve (12) months from the date of signing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public