



*"When He was alone with His disciples, He went over everything sorting out the tangles, untying the knots."
Mark 4:34b MSG*

AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION AND RECORDS

I, _____ (Your Name)
authorize KnotFree Living, LLC to release/obtain records or communicate
with: _____
concerning _____ (Name: myself, child, other)

I understand that under Georgia Law, communication between a client and his/her counselor is privileged and may not be disclosed by the counselor unless the client consents. I also understand that client records maintained by a counselor cannot be disclosed to a third party except with the client's consent through the legal process. The only time the above is not in effect is when there is threat of danger or what is required by law. This authorization also allows the discussion of my case with a colleague, or an appropriate state agency. I also agree to pay any reasonable cost. This authorization shall remain in effect until revoked by me in writing.

This _____ day of _____, 20____.

Signature of client or parent/guardian of minor child

Witnessed by _____ Date _____