



10091 Street Road, Suite 1
Auburn, California 95602
(530) 268-1355
selahcs@ncws.com

Release of Confidentiality

_____ name _____ Date

I, _____ and/or _____
(Parent/Guardian/Conservator)

hereby authorize _____, MA, _____ of Selah Counseling Services

to release to the following agency or individual:

(Address) (City) (State) (Zip)

the following information: _____

_____ Assessment _____

This consent becomes effective / / . The consent may be revoked by the undersigned at any time except that action that has already been taken. If not revoked, it shall terminate at the end of / /

Signature of client _____ /_____/_____
Date

Signature of parent/guardian/conservator _____ /_____/_____
Date