

**Release of Information**

Upon completing and signing this form, you authorize Andrew Taegel, M.Ed., PLPC, CRADC to release information about you in the manner you describe. Please read the form carefully and clearly and legibly print your information in each section before signing.

To Permit the Release of Information

I, \_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
DOB Phone Number

give my permission to Andrew Taegel to release to the following individual or facility:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

I hereby grant the above individual or facility to have access to the following records:  
(please describe the specific information you would like released)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the reasons why you would like your information released.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Andrew Taegel, M.Ed., PLPC, CRADC  
License # 2016004561  
29 S 9th St., Ste 207  
Columbia, MO 65201

Please indicate how you would like your information to be released.

- Mailed to the recipient address provided above
- Picked up at Andrew Taegel's office by the client requesting the information (paper copies of records will be billed to the client according to the current fee structure)
- Faxed to the recipient facsimile number provided above
- Shared over the phone on an ongoing basis
- Shared over the phone once, on this date \_\_\_\_\_
- Other \_\_\_\_\_

This Release of Information goes into effect upon signing and dating this form, and will expire on (date) \_\_\_\_\_ unless you rescind it in writing before that date. If you do not provide a date of expiration, this form will expire one (1) year from the signature date.

Your Rights

- You have the right to refuse to sign this release of information. Your refusal will not affect your ability to receive counseling services from Andrew Taegel.
- You have the right to rescind or withdraw any authorization to release information, except to the extent that Andrew Taegel has already released information. To rescind your authorization to release information, please complete the section of this form entitled *To Rescind the Release of Information*, or submit your request in writing to:

Andrew Taegel, M.Ed., PLPC, CRADC  
29 S 9th St.  
Suite 207  
Columbia, MO 65201

- Andrew Taegel may deny your request to receive a copy of or review your information under certain circumstances authorized by law. Any such denial will be communicated to you along with information as to how you may appeal the denial.
- You have the right to receive a copy of this release of information.

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Client (Parent or Guardian) Signature

Date

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Printed Client Name

Relationship to Client

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Witness Signature

Date

Andrew Taegel, M.Ed., PLPC, CRADC  
License # 2016004561  
29 S 9th St., Ste 207  
Columbia, MO 65201

To Rescind the Release of Information

I rescind my permission for release of information to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Client (Parent or Guardian) Signature Date

\_\_\_\_\_  
Printed Client Name Relationship to Client

\_\_\_\_\_  
Witness Signature Date