



ALABAMA BOARD OF EXAMINERS IN COUNSELING

400 South Union Street, Suite 245-Montgomery, Alabama, 36104
Post Office Box 305030, Montgomery, Alabama 36130

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FORM FOR AN ADULT

Must be signed and notarized.

I, (print complainant's name) _____,

authorize the release of confidential written/verbal information concerning my counseling relationship with

(counselor's name) _____

to the Alabama Board of Examiners in Counseling for the sole purpose of investigating a complaint of possible violation of either the *Code of Ethics and Standards of Practice* affecting Licensed Professional Counselors in the state of Alabama or violation of the *Code of Alabama* 1975, §34-8A-1 et seq.

By my signature, I acknowledge my waiver of confidentiality and rights to liability claims against

(print counselor's name) _____

for the provision of this information to the Alabama Board of Examiners in Counseling.

Complainant (sign): _____ (print): _____

Address (street): _____

(city, state, zip): _____

Phone (incl. area code): _____ Email: _____

Sworn before me this _____ day of _____, 20____.

Notary Public (sign): _____ (print): _____

My commission expires: _____

SUBMIT THIS FORM TO:

Alabama Board of Examiners in Counseling
P.O. Box 305030
Montgomery, AL 36130