

Salem Academy Counseling Services
Jenny Orr, LPC, NCC
500 E. Salem Ave.
Winston-Salem, NC 27101
Phone: (336) 917-5518 Fax: (336) 917-5340

RELEASE OF INFORMATION

Student Name: _____

I authorize Jenny Orr to release information as needed to Karl Sjolund, Head of School ,
and Mary Lorick Thompson, Assistant Head/Dean of Students.

Initial Here: _____

I provide consent to the release of the following (check one):

_____ **WRITTEN INFORMATION.** Copies of *medical records* to include medical
and/or mental health treatment., letters to the above person(s)/agency summarizing or
confirming treatment, etc.

_____ **VERBAL INFORMATION.** I am only authorizing Jenny Orr to *speak to* the
persons listed above. I am not authorizing a release of records.

_____ **WRITTEN AND VERBAL INFORMATION.** I authorize a release of
information of *both written information/records and verbal exchange* between the
persons listed above and Jenny Orr.

*Salem Academy and Jenny Orr are hereby released from all legal responsibility or
liability for the release of the above-mentioned information. I understand that my records
are protected under the Federal and State confidentiality regulations and cannot be
disclosed without my written consent unless otherwise provided for in the regulations. I
understand that I have the right to withdraw this authorization at any time, except for
action already taken, and that such revocation must be in writing. Further, I understand
that this authorization, without prior revocation, will automatically expire 90 days from
the date of my signature.*

Signature: _____

Date: _____