



**OFFICE OF THE DISTRICT ATTORNEY
NORTHEASTERN JUDICIAL CIRCUIT**

Client Name: _____

Date of Birth: _____ Social Security Number: _____

I authorize _____ to release my counseling records from (dates): _____

to assist in the prosecution of a criminal case.

This information may be released to:

The Hall County District Attorney's Office, _____, in the following manner:

by mail to:
Hall County District Attorney
P.O. Box 1690
Gainesville, GA 30501

by FAX to:
(770) 531-6970

by pickup
(Please notify the above-named staff member when the records are ready at (770) 531-6965.)

Please send records as soon as possible.

There is no need to send records at this time. You will be contacted if information is needed from your office. Please keep this release on file.

The information to be released includes all notes or records from office visits. I also grant permission for my counselor to discuss my records with staff members from the Hall County District Attorney's Office over the telephone or in person.

This authorization to release information expires on _____.

Patient or Guardian

Date

Witness

Date