

Consent for Release or Exchange of Confidential Information

I _____ hereby authorize the
release and exchange of information between my therapist,

and the following individual, agency or
institution(s):

This authority extends to the furnishing of copies of all or any desired
portion of the records pertaining to the above-named client. This exchange
is for the purpose of _____ and
expires five years from the date signed unless otherwise specified.

The client has the right to retain a copy of this release. The parties named
above are hereby released from all legal liability that may arise from this
exchange or release of information. I understand that I may revoke this
exchange or release of information at any time by informing the above
parties in writing.

Client Signature

Date

Guardian Signature

Date

Relationship to Client