

## Authorization Consenting To Release Of Information

I authorize (circle) Maria Curran, Lucy Dunning, Heather Fangman, Lane Yates, Hilary Carr to **discuss** (verbally or in writing) anything that has been brought up during our psychotherapy, therapeutic visitation or evaluation **with** any person/s or staff of clinic, office, agency, or institution/s named below **and receive** any relevant information **from** them. (Please include name, title, phone number, address for those indicated below):

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

For the following reason(s):

\_\_\_ Consultation/Psychotherapy,

\_\_\_ Evaluation,

\_\_\_ Mediation or Court

\_\_\_ Other: \_\_\_\_\_

I may revoke this consent at any time. This consent is in effect for five years from the date of the last session, unless revoked in writing earlier or renewed. This consent is also subject to all conditions outlined in the Office Policies

\_\_\_\_\_  
Name (print)    Date    Signature

\_\_\_\_\_  
Name (print)    Date    Signature