



*Release of Information*

Name: \_\_\_\_\_

I authorize a release and exchange of information between

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

for the purposes of treatment coordination and evaluation. My signature confirms that I have had the opportunity to ask questions about this release and exchange of information, and that my questions have been answered to my satisfaction. I realize that I have the right to rescind my permission at any time.

Printed Name of Client(s): \_\_\_\_\_

Printed Name of Client(s): \_\_\_\_\_

Printed Name of Client(s): \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_