

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, consent to release information regarding my therapy and/or testing with \_\_\_\_\_ to the following individual(s):

\_\_\_\_\_  
\_\_\_\_\_.

I do not consent to release the following information (if applicable):

\_\_\_\_\_  
\_\_\_\_\_.

I understand that I may withdraw my consent at any time.

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

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