



## 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Relationship to Client  
(If applicable)