**Russell E. Hendlin, LMFT**

**P. O. Box 189**

**San Geronimo, CA 94963**

**415 233-0788**

**rusty@hendlin.org**

**CONSENT FOR RELEASE OF INFORMATION (Adult, couples)**

I hereby authorize the release and exchange of information between Russell Hendlin, LMFT and

|  |  |
| --- | --- |
| Person or Organization name | Phone |
|  |  |

Regarding treatment of the following adult(s)

|  |  |
| --- | --- |
| Name | Date of Birth |
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|  |  |
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Information may also be shared about other family members listed below as it relates to treatment:

Unless specifically limited below, this release is for any or all information in your records. This release will remain in effect for one year or until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, unless specifically revoked in writing prior to that time.

Purpose of this release is for treatment, coordination and:

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|  |

Limitations (if any):

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| --- |
|  |

Authorized by

|  |  |  |
| --- | --- | --- |
| Client or family member name | Signature | date |
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