Russell E. Hendlin, LMFT
P. O. Box 189
San Geronimo, CA 94963
415 233-0788
rusty@hendlin.org

CONSENT FOR RELEASE OF INFORMATION (minor and family)

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

Person or Organization name	Phone

Regarding treatment of the following child(ren):

Name	Date of Birth

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:

Limitations (if any):

Authorized by (children over 12 must sign):

Client/Parent name	Signature	date