

Authorization for Release/Exchange of Information



I, _____, do hereby authorize Mary Teter, LMT, to (check all that apply):

_____ Exchange written records _____ Exchange verbal communication

with _____ phone: _____ for the time frame beginning with _____ and ending on _____.

This communication is (check all that apply):

_____ Not limited. _____ Limited to the following subjects:

This permission may be revoked at any time. (Please do so in writing.)

Client's signature _____ Date _____

Parent/Guardian printed name and signature (if client is a minor)

_____ Date _____

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Revocation of Release/Exchange of Information

I, _____, do hereby revoke my consent for release or exchange of records between Mary Teter, LMT, and _____.

Client's signature _____ Date _____

Parent/Guardian printed name and signature (if client is a minor)

_____ Date _____