

Patricia Holden, M.A.
www.edlightenment.com

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

This authorizes and requests that the following person(s), facilities, or agencies release information to PATRICIA HOLDEN M.A.

This authorizes the release of all confidential information and records, both written and verbal, concerning the educational, psychological and/or medical information for:

I understand that I may revoke this consent at any time by informing the above parties in writing.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Signature _____ Date _____

and/or

Signature _____ Date _____
(Parent or Guardian)

Please sign & fax back to 415-435-1809.

P.O. Box 204 . Tiburon, California 94920
voice 415-435-1838 . fax 415-435-1809 . email: patricia@edlightenment.com . LMFT13146