

Permission to Obtain/Release Confidential Information

Name of Client: _____ Date of Birth: ___/___/___

I hereby give consent to **Kimberly Green, LMFT** to exchange pertinent and relevant information with the individual/agency identified below.

Name: _____

Agency: _____

Street: _____

City/State/Zip _____

Phone: _____

Fax: _____

Information obtained may include (check all that apply):

- Clinical Impressions and Records
- Academic Records (cumulative records, report cards, standardized test scores, etc.)
- Health Records
- Special Education Records/504 Plan Records (IEP, 504 Plans, PPT/Student Study Team minutes, evaluations)
- Psychiatric Evaluations
- Psychological Evaluations
- Social Work Evaluations
- Educational Evaluations
- Speech and Language Evaluations
- Other Evaluations (vocational, occupational, etc.)
- Other _____

Client/Parent/Guardian Signature: _____

Print Name: _____

Relationship to Client: _____

Date: _____

