

Consent to Release Information

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Client Name: _____

DOB: _____

Parent/Guardian (if applicable): _____

Information to be released:

Reason for release:

Release to:

Name

Address

Phone/Fax

Email

This release to expire:

I understand that my records are confidential information and by signing this agreement only the above described information will be released to the identified party. I have the right to revoke this agreement at any time.

Signature of Client:

Date: _____

Signature of Parent/Guardian (if applicable):

Date: _____