



MAIN LINE
relationship
CENTER

CONSENT TO RELEASE INFORMATION

I, _____, consent to release information regarding my
therapy or testing with _____
to the following individual(s): _____

I do not consent to release the following information (if applicable):

This authorization shall expire: _____
Date (not to exceed 6 months from today)

I understand that I may withdraw my consent at any time.

Client Signature (Client's Parent/Guardian if client is under 18)

Date