RELEASE OF INFORMATION

I, _____, hereby authorize Linda Lifur-Bennett, Ph.D, to obtain and/or disclose my mental health information to/from:

_____

_____

_____

for the purpose of:

_____

_____

_____

This consent is subject to revocation by the undersigned at any time, except to the extent that action has already been taken. I release Linda Lifur-Bennett, Ph.D. from any liability caused from the release or exchange of this information to the designated persons or agencies I authorized above.

_____

SIGNATURE OF PATIENT DATE