

RELEASE/AUTHORIZATION

I, _____, do hereby voluntarily authorize

_____ to discuss, disclose and/or release any information, including records, testing, reports and/or any clinical treatment in therapy to:

ROBIN BROWN WALTON, MS, LPC, who is authorized to discuss all matters pertinent to the progress of the client.

The information is considered instrumental to the ongoing evaluation and treatment of the client.

Data Releasing Includes:

_____ Psychotherapy Information

_____ Marriage and Family Therapy Information

_____ Interview Data, diagnosis, treatment plan and progress of client

_____ Other

I also understand that I may revoke this consent at any time in writing.

Client's Name

Client's Address