

The Center for Creativity and Healing
Authorization Consenting to Release of Information

I authorize (circle) Maria Curran, Jaime Moffett, Nancy Russo, Betsy Harvey, Jennifer Migkos to discuss (verbally or in writing) anything that has been brought up during our psychotherapy or evaluation with any person/s or staff of clinic, office, agency, or institution/s named below and receive any relevant information from them. (Please include name, title, phone number, address for those indicated below.

1. _____

2. _____

3. _____

4. _____

For the following reason(s):

___ Consultation/Psychotherapy,

___ Evaluation,

___ Mediation or Court,

___ Other: _____

I may revoke this consent at any time. This consent is in effect for five years from the date of the last session, unless revoked in writing earlier or renewed. This consent is also subject to all conditions outlined in the Office Policies.

Name (print)	Date	Signature
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