

Permission to Release/ Exchange Information

Ann W. Hines, MA, Licensed Marriage and Family Therapist: License #MFC20813,
has my permission to **release/ exchange information** regarding:

(Clients)_____

To/with the following professionals: (Include phone #s if possible)

Signed,

_____ for my self/ children

(Circle one or both) Signed in Soquel, CA

Dates release valid: Now:_____ for: _____

(Must be time limited: i.e. 6 months, 1 year)

Form may be faxed to confidential fax @ (831) 479-0642.

I consent to fax serving as original document.