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### RELEASE OF INFORMATION

At times an important aspect of counseling is coordination with other individuals or community agencies. It is also often necessary to communicate with insurance companies to facilitate reimbursement.

Please sign the statement below giving your permission for me to communicate with these individuals or agencies on your behalf.

\_\_\_\_\_  
\_\_\_\_\_

I/We, \_\_\_\_\_,  
hereby give David J. Frankel, Ph.D. consent to release or receive any information regarding my treatment (or my child's treatment) deemed necessary to or from other individuals or service providing agencies concerning:

\_\_\_\_\_  
(Name)

I/We understand that all information involved will be kept confidential from persons not authorized. This consent will be considered valid for one year from date of signature. This release can be revoked at any time. A photocopy of this authorization shall be considered valid.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Minor, Parent or Legal Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Therapist)