



**JOHN TODD, Ph.D., L.P.C.**

DIPLOMATE JUNGIAN ANALYST

MEMBER INTERNATIONAL ASSOCIATION FOR ANALYTICAL PSYCHOLOGY

**GENERAL CONSENT FOR JOHN TODD Ph.D., L.P.C. TO RELEASE CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ SS# (or DOB): \_\_\_\_\_

HEREBY AUTHORIZE: JOHN TODD Ph.D., L.P.C.

TO RELEASE INFORMATION TO THE FOLLOWING SPECIFIED PERSON(S) OR AGENCIES:

\_\_\_\_\_

Name, Address, Phone, & Fax #'s (if applicable): \_\_\_\_\_

THE FOLLOWING INFORMATION: Presence and progress in therapy/ evaluation results. Written report of evaluation including recommendations, and treatment plan, etc.

FOR THE PURPOSE OF: Developing Treatment Plan

I UNDERSTAND THAT THIS CONSENT TO OBTAIN CONFIDENTIAL INFORMATION IS SUBJECT TO REVOCATION BY ME, EXCEPT TO THAT ACTION WHICH HAS BEEN TAKEN IN RELIANCE THEREON AND UNLESS OTHERWISE STATED, THIS CONSENT SHALL HAVE A DURATION NO LONGER THAN THAT NECESSARY TO EFFECTUATE THE PURPOSE FOR WHICH IT IS GIVEN. USUALLY ONE YEAR.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_