**Stacey J Nelson Ph.D.**

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Boca Raton FL 33432

(561) 859-7779 drstacey@peoplepc.com

**ALL CORRESPONDENCE**

P.O. BOX 7052, DELRAY BEACH FL 33482

**MUTUAL EXCHANGE OF INFORMATION**

**CONSENT TO RELEASE CONFIDENTIAL INFORMATION BY PSYCHOTHERAPIST**

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize disclosure and communication

 Written or verbal, including internet email, and telephone answering machines and voicemail, of medical,

 Psychological, or psychotherapeutic information regarding myself and/or minor child and to obtain the same

 type of information for the purpose of assessment, diagnosis, treatment planning, psychotherapeutic

 management, psychotherapy, referral or consultation, between my psychotherapist Stacey J Nelson Ph.D.

 and the following named individuals or organizations:

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 Other specified purposes of release of confidential information:

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 I have been informed of the nature of this consent and I understand and agree that the purpose of each

 disclosure will be to provide the best possible therapeutic care.

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 CLIENT (or parent of a minor) DATE AND TIME

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 STACEY J NELSON Ph.D. LMFT DATE AND TIME