

## Information Release Form

I \_\_\_\_\_ permit Tamara Siegel, MA, LPC release  
and /or exchange information with the following agency/individual for the purpose  
of \_\_\_\_\_.

Please provide the address and phone number of the agency/individual.

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My signature verifies that I understand the information presented and that it has  
been explained to me. The Information Release Form is legal and binding  
however, I have the right to default this decision. If I decide not to release  
information at any time throughout our counseling relationship it must be  
presented as a written statement.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian if client is under 18 years of age

\_\_\_\_\_  
Tamara Siegel, MA, LPC

\_\_\_\_\_  
Date