



FAMILY CENTER

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RELEASE OF INFORMATION

I, the undersigned, _____
(name of client)

wish to release both _____
(name of counselor/therapist)

and the Northern California Family Center, from the obligation of

professional confidentiality, so that they may provide each other with

information regarding my history, diagnosis, evaluation, and prognosis as well

as reports of either party. Unless I request in writing a revocation of this

authorization form earlier, it will expire automatically one year from the date

of signature.

Signed: _____

Date: _____