



NORTHERN CALIFORNIA 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 from earlier, it will automatically expire one year from the date of signature.

Signed: _____
(Client's Signature)

Date: _____