Remembering Love
Consent to Release Confidential Information

By signing this form, I/we ("client") authorize Chris Smith / Remembering Love LLC ("practitioner") to release and exchange confidential information solely for the purpose of coordinating my care and supporting treatment planning between the listed providers.

The client authorizes the practitioner to disclose personal treatment summaries, progress updates, relevant history or background information, and relevant therapy recommendations with the following provider:

Provider Name:

Practice / Agency:

Phone / eMail:

The client requests the following exclusions or limitations to this release (optional):

I further understand I may revoke this authorization at any time by written request. Revocation does not apply to information already released. This authorization will automatically expire one year after the signature date. I understand that signing this form is voluntary and that my services will not be affected by my choice to sign or not sign. I understand that information disclosed under this authorization may no longer be protected by HIPAA once released.

Client Signature: **Date:**

Partner Signature: **Date:**