



Lighthouse

**LIGHTHOUSE COUNSELING SERVICES**

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[jtlmft@aol.com](mailto:jtlmft@aol.com),

**Consent to Release Information**

I give my permission to \_\_\_\_\_  
to share, verbally or in writing, any data, findings, or information regarding evaluations,  
assessments, testing, history, and interview data pertaining to the current situation to  
\_\_\_\_\_.

I also give my permission to \_\_\_\_\_  
to share, verbally or in writing, any data, findings, or information regarding evaluations,  
assessments, testing, history, and interview data pertaining to the current situation to  
\_\_\_\_\_.

I understand that these two entities do not have my permission to breach confidentiality with any  
person or agency not named above except in those instances where they are legally or ethically  
required to do so.

I also understand that once confidential information has been released to discuss with another  
party the original party is no longer liable for the actions of the second party.

I understand that if I wish to revoke this consent to release information I must do so in writing.

Unless revoked by me in writing, this consent to release information about my case shall continue  
in effect, or until \_\_\_\_/\_\_\_\_/\_\_\_\_. A copy is to be considered the same as the original.

NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Last First M.I.

ADDRESS \_\_\_\_\_  
Street City

State Zip PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_