



LIGHTHOUSE COUNSELING SERVICES

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CONSENT TO RELEASE FORM

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 (PRINT) _____

DOB _____

SIGNATURE _____

DATE _____
