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Consent to Release Confidential Information

I, _____
give consent to _____ of Visualize Your Life Counseling
to release confidential information regarding the psychotherapy treatment of

to _____
at _____

This information shall be released for the purposes of

This information shall be limited to the following

This release shall remain valid for one year from the date signed
This release can be revoked at any time in writing to Visualize Your Life Counseling

Signed: _____ Date: _____

Relationship to client: _____

