



Stella Maris Counseling

FEIN #47-3958071

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I, _____
(Client)

authorize _____
(Professional)

and _____
(Professional)

to exchange information (both verbal and/or written) with each other that is related to my psychotherapy. I understand that the professionals named above are not authorized to disclose this information to anyone other than each other without my written consent.

This authorization is in effect until _____.

Client Signature _____

Guardian Print Name (if applicable) _____

Guardian Signature (if applicable) _____

Date _____