

**Jennifer Davis, MA, LMFT**  
**Profound Impact Therapy**

MFC# 49934

2817 Crow Canyon Road #103, San Ramon, CA 94583

925-298-7172 [Jdavis@profoundimpactmft.com](mailto:Jdavis@profoundimpactmft.com)

**CONSENT TO RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize Jennifer Davis, MFT to exchange and/or release confidential information regarding my treatment with

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

The purpose for such disclosure is for evaluation/assessment and/or coordinating treatment efforts.

I understand that my records are protected under California State W.1c. 5328 for mental health treatment and federal regulations CFR 42, part 2 for substance abuse treatment and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.) and that in any event this consent expires automatically as described below.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature (when required)

\_\_\_\_\_  
Counselor's Signature

This consent is subject to revocation at any time and shall remain valid until: \_\_\_\_\_. Further disclosure of the above information is prohibited without the specific written consent of the client.