

## RELEASE OF INFORMATION

I, \_\_\_\_\_, understand that by signing this form, I am granting *Janey Komm, Psychotherapist* permission to obtain and release information regarding my treatment to/from:

Individual/Facility	Relation to client	Initial
_____	_____	_____
_____	_____	_____

I understand that this authorization will remain valid from the date signed and will end three months after therapy is terminated or on:

\_\_\_\_\_

I understand that I can revoke this consent at any time through consultation with the therapist.

I certify that this form has been explained to me and that I understand its contents.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

