



Jessica Alejandro, LMFT

Whole Heart Healing

Consent for the Release of Information

Client Name: _____ Date of Birth: _____

Address: _____

I give my consent and authorize: _____

To release information to: _____

For the purpose of: _____

I understand that the information will be disclosed only for the purpose described in the above agreement. I also understand that I may revoke this consent at any time by oral or written request to the Center for relationship Healing I understand that such revocation will not affect any information released before such revocation was made. I have read this form and I understand the nature of its contents. This consent shall be in effect from the date of signature.

Client Signature

Date

Parent or Legal Guardian Signature

Date