

# *Jenny Mayhew, LCSW*

920 Saratoga Avenue • Suite 212 • San Jose, CA 95129 • phone (408) 793-0183 • fax (408) 249-9240

## **Consent to Release Confidential Information**

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If Client is a Child, Parent or Guardian's Name: \_\_\_\_\_

I authorize Jenny Mayhew, LCSW to exchange information with: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This consent may be revoked at any time.

Information exchanged shall be limited to the following categories:

\_\_\_\_\_ psychological and social information

\_\_\_\_\_ psychiatric information

\_\_\_\_\_ medical information

\_\_\_\_\_ psychological testing

\_\_\_\_\_ progress in therapy

\_\_\_\_\_ other: \_\_\_\_\_

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if client is a minor)