Jenny Mayhew, LCSW

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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:_____

_____

Phone Number: _____

Fax 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)