



## PERMISSION TO RELEASE INFORMATION

I give Laura Marshall, LCSW permission to release information about me in written or oral form to \_\_\_\_\_ . (Phone number: \_\_\_\_\_ )

I understand that the information may include assessment, diagnosis, treatment recommendations, treatment history, and personal history. I understand that this release is good for a year from the date signed below and that I may revoke this permission in writing at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*[www.relationshipgarden.com](http://www.relationshipgarden.com)*