

AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

Client Name: _____ DOB: _____

Individual/Organization Releasing/Exchanging Information:

Maggie Elliott
Maggie Elliott Counseling
2460 W. 26th Ave. Suite C-165
Denver, CO. 80211
720-515-7211
Maggie@maggielliottcounseling.com

Individual/Organization receiving/disclosing information:

Name: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Nature of Information to be Released/Exchanged:

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____