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RELEASE FOR EXCHANGE OF PERSONAL AND CONFIDENTIAL INFORMATION

I, _____, hereby authorize the exchange of any and all pertinent information regarding _____ between _____ and Hanna Kuyper, M.A., Registered Associate Marriage and Family Therapist for the purpose of:

- Treatment planning for psychotherapy services
- Individualized planning of the individual’s education
- Testimony in court, or the preparation for testimony in court
- Facilitation of medical, nutritional, or psychiatric team planning
- _____

This release shall remain in effect for one year from today’s date or termination of the therapeutic relationship whichever is the later. A photocopy or facsimile of this release shall be honored as authoritative. You have a right to receive a copy of this authorization upon request.

Signature of: Individual / Parent / Guardian (please circle one)

Signature: _____ Date: _____