

RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize Dr. Jill C. Manning, to contact \_\_\_\_\_ in order to obtain/release information regarding:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for the purposes of my therapeutic or medical care. This authorization will expire \_\_\_\_\_ after which point a new authorization will be needed to make further contact with the above listed person/source.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Jill C. Manning, LMFT #778

\_\_\_\_\_  
Date