

Sarah Swenson, MA, LMHC
Swenson Counseling Services
1818 Westlake Avenue North, Suite 312
Seattle WA 98109
206.948.4221
Sarah@SwensonCounseling.com

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____,

Date of Birth _____,

give my permission for SARAH SWENSON to disclose confidential information and to receive confidential information from:

Name _____

Relationship to me _____

Address _____

Telephone _____

Email address _____

This authorization is for a period of _____

beginning on _____

I may revoke this authorization in writing at any time.

Signature

Date

Sarah Swenson, MA, LMHC - License # LH.600502682

Date