



A Positive Approach  
to Dynamic Change

## Consent to Release Information

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This Release of Information Consent form authorizes information from my records and sessions to be released to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give Debbie Nesbitt permission and authorization to release any and all information from my sessions with her along with my records in her files.

This authorization is valid for Ninety (90) days from the date listed below.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_