## **RELEASE OF INFORMATION (ROI)**

I consent to the verbal and/or written disclosure and exchange of information between Jane V. Tillman, LMHC, MFT and  for the purpose of:			
		☐ diagnostic assessment	
<ul> <li>□ treatment plan</li> <li>□ crisis plan</li> <li>□ other</li> </ul>			
		This release is binding beginning on the follows:  It is within my rights to terminate this release.	
		Client Signature	Date
Parent/Guardian Signature (if needed)	Date		