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RELEASE OF INFORMATION (ROI)

I consent to the verbal and/or written disclosure and mutual exchange of the following information between:

Jane V. Tillman, LMHC, LMFT

and _____ for the purpose (s) of:

- diagnostic assessment
- treatment planning
- continuity of care
- other _____.

This release is binding beginning on the following **date** _____ **and ending on** _____, **or in 90 days** from the beginning date or whichever comes sooner. I am aware that it is within my rights to terminate this release at any time.

Client Signature

Date

Parent/Guardian Signature

Date