integrapy
MAKING THE CONNECTION

LAURYN SALASSI GILLIAM, MS, LMFT, PhD (candidate)

PRIVILEGED AND CONFIDENTIAL INFORMATION
NOT TO BE RELEASED WITHOUT AUTHORIZATION

Consent for Release of Information

I, _____, hereby authorize and request Lauryn Salassi Gilliam, MS, LMFT, PhD (candidate) at _____to exchange all pertinent clinical information pertaining to me with _____

_____.

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing the above-named individuals in writing.

_____

Signature Date