

Permission to Release/ Exchange Information

Ann Woodward Hines, MA, Licensed Marriage and Family Therapist,

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has my permission to **release/ exchange information** regarding:

(Clients)_____

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To/with the following professionals:

Signed,

_____ for my self/ children (Circle one or both)

Dates release valid: Now:_____ until/for:

(Must be time limited: i.e. date of expiration or for: 6 months, 1 year)

Form may be scanned and sent to anjihines@annhines.com

I consent to scanned document serving as original.