

REMI FREEMAN, LCSW

Release of Information for Adults

I _____, authorize Remi Freeman, LCSW to release/receive information pertaining to my therapy sessions to (name, address, phone number, relation to you):

This authorization shall remain in effect from the date below until I request, either in writing or verbally, that such communication shall cease.

Signature: _____ Date: _____

Release of Information for Minors

I _____, authorize Remi Freeman, LCSW to release/receive information pertaining to my child's therapy sessions to (name, address, phone number, relation):

This authorization shall remain in effect from the date below until I request, either in writing or verbally, that such communication shall cease.

Signature: _____ Date: _____