



Consent for Bilateral Release of Confidential Information

_____ Social Security/ID # _____
(Client Name)

I authorize **Jonathan Mahrer, Ph.D.** and the party listed below to release to each other confidential information about me, including but not limited to psychotherapeutic and psychiatric treatment, history, functioning, symptoms, diagnoses, prognoses, and information relevant to same, for the purpose of _____

_____.

Name of Party _____

Address _____

Phone _____

Fax _____

This consent is considered valid for one year from the date below. A fax or photocopy of this release is to be considered as valid as the original. I understand that I may revoke this release in writing at any time.

_____ (Printed Name) _____ (Signature) _____ (Date)