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CLINICAL RELEASE OF INFORMATION

Mr.

Mrs.

I, Ms. _____, hereby give Good Talking People LLC permission to discuss my/my son/daughter, _____'s case with the interdisciplinary professionals involved in my/his/her care, and to release any relevant information to those professionals if requested. I also authorize Good Talking People LLC to release and/or share information requested by my insurance company.

Clients Name

Please list below professionals to which we may correspond:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Signature (Parent/Guardian if under 18 years of age)

Date