



**SOLUTIONS THERAPY**  
 Providing Solutions Out Of Alternative Possibilities

### Consent for Release and Exchange of Information

I, \_\_\_\_\_, consent to the release and/or exchange of information as indicated below:

Name of Organization or Person	Consent exchange:	Indicate choice(s) with ✓
	Attendance	
	Assessment	
	Treatment Planning	
	Other:	

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

