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Release Form

I, _____ hereby authorize _____

to release information pertaining to my evaluation and/or psychotherapy sessions to

_____ for the purpose of (please indicate the specific

Reason _____

_____.

I understand that authorization shall remain valid from the date of my signature and 6 months

Thereafter ending on _____.

I have been informed that I may revoke this authorization by written or oral communication to

my therapist. I certify that this form has been fully explained to me and that I understand its

Contents.

Client Signature

Date



DONNA DURHAM
THERAPY