

## Release of Information Form - for Individual as well as Couple/Relationship(s) Therapy

I/we, \_\_\_\_\_

authorize **Elana Sabajon** to release, obtain, or exchange information about me/us and/or my/our therapeutic process with:

**Name of person/organization:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Phone and Email:**

\_\_\_\_\_

**Specific information to be released or exchanged will pertain to or include:**

\_\_\_Evaluation and Treatment \_\_\_Current Medications \_\_\_Therapeutic Progress \_\_\_Discharge Planning

Other (Specify): \_\_\_\_\_

**The above information will be used for the following purpose(s):**

\_\_\_Continuity of Care \_\_\_Treatment Planning\_\_\_Discharge Planning

Other (Specify): \_\_\_\_\_

**I understand my records are protected under Washington state laws pertaining to confidentiality and cannot be disclosed without this written consent unless otherwise provided for in the regulations. I also understand I may revoke in writing this consent at any time per RCW 70.02.040 contained in The Law Relating to Counselors (18.19 RCW). This consent is valid for ninety (90) days from the date it is signed unless revoked or updated by me.**

**Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

**Signature of Client(s)**

\_\_\_\_\_

**Signature of Witness**

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