Marriage and Family Therapy Release Form

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RELEASE OF INFORMATION FOR A CHILD

Child's Name _____ Date of birth _____

Permission for the Coordination of Treatment

To provide the best and appropriate care and to comply with professional, legal and ethical guidelines for the coordination of my child's treatment, Linda Domenitz, MA, LMFT, LCP, requests that relevant information regarding my child's treatment under your care be shared with her in writing or, when appropriate by phone.

For the purpose of my child's ongoing treatment and planning, I give Linda Domenitz, MA, LMFT, LCP, Marriage and Family Therapist, permission to both receive all relevant information from you AND for her to provide you with relevant information regarding my child's treatment when appropriate:

Coordinating professionals' name(s) _____

Office Street Address _____

City, State and Zip _____

Phone number(s) _____

Best time to call _____

This release of information
expires 3 months after the date of termination of therapy.

Guardian (print full name) _____ Date _____

Guardian signature _____ Date _____

Linda Domenitz's signature _____ Date _____

Coordinating professional's signature*_____ Date_____

Coordinating professional's signature*_____Date_____

**Note: Your signature indicates a mutual agreement with Linda B Domenitz to both provide relevant information upon request (or as deemed appropriate) and to receive updates from her regarding this child's treatment/therapy.*