

Consent to Release Confidential Information

I _____, authorize Tina Groves, MA, MFT & CPC, to communicate with _____ in my behalf. I understand that the purpose of this communication is _____.

The content of this communication shall be limited to _____

This content will be valid from this date forward until _____, or until such time that I notify Mrs. Groves in writing that I withdraw my consent.

Client Signature _____ Date _____

Tina Groves or
Witness Signature _____ Date _____