

Sol Associates, PLLC
Release of Information

I, _____, hereby authorize Sol Associates, PLLC to release specific information as described in this release to:

It is understood that the information released is limited to the following:

This release of information is intended solely for the following purpose:

I understand that under Federal Law, I do not have to consent to the release of information. However, I choose to do so willingly and voluntarily for the purpose identified above. This authorization will have a duration of consent no longer than one year, unless extended. I further understand that I may revoke this authorization at any time.

Signature of Client

Date

Signature of Therapist

Date