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AUTHORIZATION CONSENTING TO RELEASE OF INFORMATION

I, _____ authorize **Michael Smith,**
Ph.D.

_____ (*initial*) to discuss (verbally or in writing) any materials that has been brought up during psychotherapy with the person/s or staff of clinic, office, agency, or institution/s named below and

_____ (*initial*) to receive any relevant information from the person/s named below.

1. _____
2. _____
3. _____
4. _____
5. _____

This consent may be revoked by me at any time. This consent is in effect only for three years from the date of the last session, unless revoked earlier or renewed.

Signature:

Client: _____ Date

***In case there is anyone you want me to be able to contact regarding our work.**