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Authorization to Exchange Information

Date:

To: _____ Re: _____

I, _____, hereby consent to the exchange of information between Laurie Nickel Supkoff, LCSW and _____. I understand that this exchange of information is for the purpose of treatment and consists of all relevant information.

This release expires on:

Client: _____ Parent: _____

Name	Date	Signature
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You have a right to a copy of this release and may revoke it at any time except for the portion that has already been executed.