



SUSANNE MOTLEY MFT

Lic, no MFT 41310

1192 Suncastr Lane, Suite 5

El Dorado Hills

CA 95762

Phone: (916) 933-4609 Fax: (916) 933-4600

CONSENT TO RELEASE OF INFORMATION

CLIENT NAME/S _____ DOB _____

This release of information form authorizes information in my records to be shared between the therapist **Susanne Motley MFT** and

I give permission to share the following information:

____ Educational ____ Medical ____ Psychological

____ Psychiatric ____ Social ____ Psychometric (testing) ____ Other

I understand that this authorization is valid for the period of time I am engaged in a therapeutic relationship with Susanne Motley. I also understand that this information **may not be released** to any other person or organization **without my permission in writing**

Signature of Client/Parent/Guardian

Date

Printed Name of Parent

Witness (Therapist)

Date