RELEASE OF INFORMATION

Judi Mackey, MA, LMFT Licensed Marriage and Family Therapist #99410

| I have been notified regarding Judi Mackey, MA, LMFT, privacy practices. | |
|--|---|
| I,, h | ereby authorize Judi Mackey, MA, LMFT to disclose |
| information regarding my daughter/son(s) diagnosis and treatment to: | |
| | |
| This disclosure (circle one) does/does no | ot include written documentation. |
| If I need to be contacted by phone, pleas | se contact me only at: |
| Home: | |
| Work: | |
| Cell Phone: | |
| **You have my permission to leave a m | nessage/voice mail Yes No |
| Written communications should be sent | to me at: |
| Home: | |
| Other: | |
| This release takes effect on the date sign | ned. |
| I have received a copy of this release for | r my own records. |
| Signature of Parent/Guardian | Date |
| Judi Mackey, MA, LMFT | Date |