



Consent for Release of Confidential Information

I, _____, hereby authorize and request that
(Client or Parent/Guardian)

Everbreeze Psychological Services, LLC, may exchange confidential information regarding the client to:

I understand that I may revoke this consent at any time by informing Everbreeze Psychological Services, LLC, in writing. In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Printed Name of Client/Parent/Guardian

Signature of Client/Parent/Guardian

Date