Connie Bonner-Britt, MA LMHC
360-542-6895
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FAX 866-492-5137
924 South 11th Street, Mount Vernon, WA 98274

CONSENT For Mutual Exchange Of Information

I hereby give my

"Consent For Mutual Exchange Of Information"
between my therapist,

Connie Bonner-Britt, MA, LMHC

and the following Organizations or Individuals ...

	NAME	ADDRESS	PHONE
1.			
2.			
3.			

… regarding historical and current information about the following client:

CLIENT NAME (Please Print)	DATE OF BIRTH

What is the purpose of this "Consent For Mutual Exchange Of Information"?		CHECK ONE
1.	To Coordinate Treatment Services.	☐
2.	Or to (Please Print):	☐

When will your "Consent For Mutual Exchange Of Information" expire?		CHECK ONE
1.	You can choose to revoke this "Consent For Mutual Exchange Of Information" at any time limited by the extent that action has already taken place. CONTACT CONNIE AT 360-542-6895 AND SHE WILL DISCONTINUE THIS RELEASE.	☐
2.	Or on this specific date: _____-_____-_____	☐

Client Comment:

Your Comment (Please Print):

Your signature below certifies your
"CONSENT For Mutual Exchange Of Information" as shown above.

Client:		DATE:	_____-_____-_____
Parent/Guardian /Witness:		DATE:	_____-_____-_____
Parent/Guardian/Witness:		DATE:	_____-_____-_____

SKAGIT FAMILY STUDY CENTER