

Erene Soliman, Psy.D.

Clinical Psychologist, CA Lic. # PSY 23162  
5151 N. Palm Avenue Suite 500  
Fresno, CA 93704  
(559) 449-2734  
(559) 449-2733 fax

### Permission to Exchange Information

Client Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

S.S.N: \_\_\_\_\_

I give express permission for Dr. Erene Soliman to **exchange and dialogue** with the party listed below the following information. I understand that this is a release of information both **to and from** Dr. Erene Soliman and the party listed below. I also understand that this release is for the period of one year, and that I may revoke it at any time.

**Party** (name and phone number) with whom information **may be shared or requested from:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific limitations on information to be exchanged:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_