

Present Hope Counseling, LLC

Release of Information Form Couples Counseling

Self
I, _____, give permission to Katherine Arnold, MAMFC, LMFT-S, LPC-S to release confidential information to my partner/ spouse, _____, for the purposes of couples therapy.
Partner
I, _____, give permission to Katherine Arnold, MAMFC, LMFT-S, LPC-S to release confidential information to my partner/ spouse, _____, for the purposes of couples therapy.

I understand that my privacy and records are protected under the federal regulations governing confidentiality and cannot be disclosed without my written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Date: _____

Client Signature: _____

Client Signature: _____

Counselor Signature: _____

Date of Expiration of Release: _____