

Carole J. Jacobson, MS, LMFT
Licensed Marriage & Family Therapist #LF00001769
600 Main Street, Suite D,
Edmonds, Washington 98020
Phone: (425) 771-6356

RELEASE OF INFORMATION

I, _____, born _____, hereby authorize
Carole J. Jacobson, M.S., of the above address, to obtain and to share information with
the following individuals:

Name	_____	Name	_____
Agency	_____	Agency	_____
Address	_____	Address	_____
	_____		_____

The specific purpose for this information to be released includes:
Diagnostic Assessment, Treatment Planning, and Ongoing Care

I certify that this request has been made voluntarily. I understand that I may revoke this
authorization at any time by written notice to Carole J. Jacobson, M. S., except to the
extent that action has already been taken. Without my express revocation, this
authorization will automatically expire after 1 year from the date of this signature.

I hereby release Carole J. Jacobson, M.S., from legal responsibility or liability for the
release of information above from my record.

Redisclosure of these records by those receiving the above authorized information may
not occur without further written authorization and is protected by Federal Law. A copy
of this authorization is as valid as the original.

Signature of Client

Date

Witness