

Kathryn M. Lamermayer, LCSW
Individual, Couples, and Family Therapy

CONFIDENTIAL INFORMATION RELEASE

Therapist: _____ Date: _____

I, the undersigned, am a client (or parent/guardian of the client) of Kathryn M. Lamermayer, LCSW. In order to facilitate my (his/her/their) treatment, I hereby authorize communication between Kathryn M. Lamermayer, LCSW and

Name	Relationship to Client
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Address	City	State	Zip
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Phone Number	Email
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Communication, written and/or verbal, will be in reference to:

Client Signature	Date
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Parent/Guardian Signature	Date
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Witness Signature	Date
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