

GEORGE P. GLASER, LCSW

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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, hereby authorize George P. Glaser, LCSW,
(Client's Name)

located at the address above to release confidential information about me, obtained during the course of my professional services, to:

I understand that I may revoke this consent at any time by informing the above parties in writing.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Signature: _____ Date: _____
(Client)

Signature: _____ Date: _____
(Parent or Guardian)

Signature: _____ Date: _____
(Witness)

I give my permission for the involved parties to communicate by e-mail: Yes ___ No ___