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MFC #40025

Release of Confidential Information for Minor Client

I, _____, hereby give permission for the
release and exchange of confidential information regarding (name of minor
client) _____ between:

Kate Warwick-Smith, M.A., MFT

and

Address: _____

Phone: _____ FAX: _____

This release shall be valid until (date) _____.

Signed _____

Print Name _____

Date _____

PSYCHOTHERAPY

Adults

Couples

Children

Dream Groups