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DISCLOSURE INFORMATION
CONSENT AND RELEASE

I _____ hereby authorize and request **Yvonne Hanson** to disclose to _____ any and all information listed below concerning the undersigned, which is in your possession.

The extent or nature of the information to be disclosed: _____

The purpose or need for this information: _____

In consideration of such disclosure on the part of the above names persons and/or institutions, I hereby release them from any and all liability arising therefrom.

This consent is subject to revocation at any time except to the extent that action has to be taken, and will automatically expire within one year of signing

Name (Printed): _____ Date: _____

Signature: _____