Samantha L. Charbonneau, M.S., LMFT, P.A.
101 Timberlachen Circle Ste. 201
Lake Mary, FL 32746
(407) 466-3467

Consent to Release Information

I, _____, authorize **Samantha L. Charbonneau** _____ to:
send/receive the following information to/from the following agencies or people:

Name (& Agency if applicable):	Phone #
Attorney (Father)_____	_____
Attorney (Mother) _____	_____
Teacher_____	_____
Medical Doctor_____	_____
Therapist_____	_____
Other_____	_____
Other_____	_____
Other_____	_____

Information requested/to be shared:

- ____ Academic testing results
- ____ Behavior programs
- ____ Case notes
- ____ Intelligence testing results
- ____ Medical reports
- ____ Progress reports
- ____ Psychological reports
- ____ Psychological testing results
- ____ Treatment plans
- ____ Summary reports
- ____ Vocational testing results
- ____ Personality profiles
- ____ Other (specify) _____

The above information will be used for the following purposes:

- ____ Planning appropriate treatment or program
- ____ Determining eligibility for a program
- ____ Case review
- ____ Parent Coordination
- ____ Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: ____/____/_____

Witness: _____ Date: ____/____/_____