

Release of Confidential Information

I, _____, hereby authorize and request that
Client or Minor Child

DeeDee Just, MA, MFT

MFC 46507

May release, or exchange any confidential professional information
pertaining to myself (or my minor child) with:

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