Marin Stress & Anxiety Center
Jonathan Pofsky, MFT, CMT
45 San Clemente Drive Ste B120 Corte Madera, CA 94925
415-577-5338 www.marinstressanxietycenter.com

Release of Information

I, _____(print name) hereby authorize Jonathan Pofsky, Licensed Marriage and Family Therapist, to release information about my psychotherapy or consultation with him to:

_____
Name

_____
Agency/Organization

_____
Address

_____

_____
Telephone Number

I also hereby authorize_____ (print name of party releasing information) to release medical and/or psychological information regarding the client named above to Jonathan Pofsky, MFT.

This permission will remain in effect from _____until _____,or until termination of treatment with Jonathan Pofsky, MFT, whichever comes first.

_____
Client Signature

_____
Date

If a minor/under 18,

_____
Parent Signature

_____
Date