



Jenny Key, LCSW

Individual, Family, and Animal Therapy

1243 Gaylord St., #508
Denver, CO 80206

Release of Information

This is to authorize _____
Therapist's Name

to receive information from the following agencies or other pertinent parties regarding

Client's Name

<i>Therapist:</i>
<i>Treatment Center:</i>
<i>Medical Practitioner:</i>
<i>Other:</i>
<i>Other:</i>

Shared information may include psychological test results, psycho-social evaluations, progress reports, treatment plans and such material as may be useful for a consistent and continuing treatment program.

Client/Parent/Guardian Signature Date

This is to authorize (Therapist) _____ to release information as deemed appropriate to the agencies or other pertinent parties listed above.

My permission is hereby granted to any agency or pertinent party listed above to release psychological and other test results and interpretations, progress reports, and other pertinent treatment information regarding the above named client to Equine Awakenings 1243 Gaylord St., #508 Denver, Colorado 80206.

Client/Parent/Guardian Signature

Date