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**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ (name of client) hereby authorize Dr. Tanya M. Morrel to disclose, exchange, or release the following specific information:

\_\_\_\_\_

to: \_\_\_\_\_

\_\_\_\_\_

for the purpose of: \_\_\_\_\_

\_\_\_\_\_

I have been informed of the type of information being released: the benefits and disadvantages (if any); and I understand the treatment services are not contingent upon my decision concerning the signing of this release. I understand that my records are protected as confidential under Federal law and regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken on (e.g., probation, parole, etc.), and that in any event this consent automatically expires as described below.

Specification of the date, event, or condition upon which this consent expires:

\_\_\_\_\_

This consent is executed on \_\_\_\_\_ (date)

\_\_\_\_\_  
Signature of patient