CECILIA ESQUIVEL, LCSW-C

Individuals, Couples & Family Therapy

7034 Carroll Avenue
Takoma Park, MD 20912
Telephone 301-806-4451 – Fax 301-920-0491

CONSENT TO EXCHANGE INFORMATION

I hereby give permission to Cecilia Esquivel, LCSW–C to exchange information regarding the specified client(s) in person, via telephone or written correspondence with the agency or individual named below.

I understand that this consent will become void upon my termination as a client of Cecilia Esquivel or at any other time per my request.

Client Name: ___________________________ Date of birth: _________________

Client Name: ___________________________ Date of birth: _________________

Address: ____

Agency or individual who may exchange information with Cecilia Esquivel:

Name of contact person: ____

Name of agency: ____

Address: ____

Phone/Fax: ____

Information requested: ____

____

____

____

_____________________________________ _______________________________

Client Signature (parent if minor) Date

_____________________________________ _______________________________

Therapist Signature Date