

Jennifer Palau, LICSW
Adolescent and Adult Counseling
Consent to Release/Receive Confidential Information

I, _____,
Client (over 13) or Parent/Guardian of Client under age 13

Hereby authorize Jennifer Palau, LICSW to receive and release information to the following person(s):

Name of Person, Institution, Agency, Govt Entity

Address and Phone Number

Name of Person, Institution, Agency, Govt Entity

Address and Phone Number

The following specific information:

I am aware of and expect that all information is confidential and protected by the policies of Jennifer Palau, LICSW, the agency requesting and receiving the information, and by State and Federal Regulations.

Client age 13+/Parent of under 13 client

Date