

Marilyn Yearian, MA, LMHC
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I authorize Marilyn Yearian, LMHC to share information with

(name) _____

(address) _____

(phone) _____ regarding my therapy sessions.

This release is to remain in effect for one year from date of signature, or until revoked in writing.

Printed Name

Signature Date

Printed Name

Signature Date

Therapist

Signature Date

