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Consent for Release of Confidential Information

I, _____ hereby authorize and request that
(Print name)

Susan J. Levy, M.Ed., LMFT,

may release confidential professional information pertaining to me (or my minor children)
to:

for the purpose of:

I understand that I may revoke this consent at any time by informing the above parties in writing.

In consideration of this consent, I hereby release the above parties from and legal liability for the release of this information.

Signature: _____ Date: _____
(Client)

and/or

Signature: _____ Date: _____
(Parent or Guardian)