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## Release of Information

I, \_\_\_\_\_, hereby grant Michelle Lane,  
Licensed M.F.T., permission to talk to: \_\_\_\_\_  
regarding my psychotherapy treatment.

The purpose of this release is to enable Michelle Lane to talk to the above mentioned third party  
about:

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This authorization allows disclosure of information needed for the above mentioned purpose  
only. This release shall be valid as of today and shall expire twelve months later.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_