

**EXCHANGE/RELEASE of INFORMATION**

I (name of client) \_\_\_\_\_ hereby authorize **Bernadette Grace Murphy**  
(provider) to release and or exchange confidential Information Obtained during the course of my treatment to  
(name or function of the persons/entities to whom information is to be released)

Recipient \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

This Authorization permits the release of the following information;

Diagnosis \_\_\_ Progress To Date \_\_\_ Dates of Treatment \_\_\_ Cost of Treatment \_\_\_

Any and All Information Necessary \_\_\_ Other (specify) \_\_\_\_\_

I understand that I have a right to receive a copy of this authorization, and that any modification or revocation  
of this authorization must be in writing.

This authorization expires on \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_