

Russell E. Hendlin, LMFT  
P. O. Box 189  
San Geronimo, CA 94963  
415 233-0788  
[rusty@hendlin.org](mailto:rusty@hendlin.org)

**CONSENT FOR RELEASE OF INFORMATION (Adult, couples)**

I hereby authorize the release and exchange of information between Russell Hendlin, LMFT and

Person or Organization name	Phone

Regarding treatment of the following adult(s)

Name	Date of Birth

Information may also be shared about other family members listed below as it relates to treatment:

Unless specifically limited below, this release is for any or all information in your records. This release will remain in effect for one year or until \_\_\_\_\_, unless specifically revoked in writing prior to that time.

Purpose of this release is for treatment, coordination and:

--

Limitations (if any):

--

Authorized by

Client or family member name	Signature	date