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CONSENT FOR RELEASE OF INFORMATION

I, _____, give permission for

Charles Brinamen:

(check and initial below)

_____ to release information regarding me; *and/or*

_____ to receive information *regarding me from*

_____	_____
<i>(Name)</i>	<i>(phone number)</i>
of _____	<i>(Agency)</i>
_____	_____
<i>(Address)</i>	<i>(City) (State) (Zip Code)</i>

This permission is granted for a period of one year unless otherwise indicated below

(DATES: _____).

If the information should be limited, please indicate below what information is allowed:

(Signature)

(Date)

_____ *(Print Name)*