Compassion Centered Therapy
FOR WOMEN LLC

Jeanine Austin Stotts, LCSW (CA and AZ)
AZ LCSW17608 and CA LCSW17890
info@CompassionCenteredTherapyforWomen.com | 480.501.0600

AUTHORIZATION CONSENTING TO RELEASE OF INFORMATION

I authorize Compassion Centered Therapy for Women LLC to discuss (verbally or in writing) anything that has been brought up during our psychotherapy or evaluation with any person/s or staff of clinic, office, agency, or institution/s named below and receive any relevant information from them.

1. _____
2. _____
3. _____
4. _____

For the following reason(s):

- ◯ Consultation/Psychotherapy
- ◯ Evaluation
- ◯ Other: _____

I may revoke this consent at any time. This consent is in effect for five years from the date of the last session, unless revoked in writing earlier or renewed. This consent is also subject to all conditions outlined in the informed consent form (Form #1).

Name *(print)* _____ Date _____

Signature _____