Donna L. Fone, LMFT, LPCC
Licensed Marriage & Family Therapist #48079
Licensed Professional Clinical Counselor #337
Office Location: 945 Morning Star Drive Suite N, Sonora, CA 95370
Mailing: PO Box 5398, Sonora, CA 95370
Voicemail: (209) 883-6344 • FAX: (209) 396-3724
www.donnafone.com

Consent For Release of Information

RE:_____ Birth Date:_____

I hereby authorize the exchange of information between Donna L. Fone, LMFT, LPCC and

_____
(Name/Title/Agency)

Address: _____

_____

Phone: _____ FAX: _____

Correspondence requested:

_____ Telephone consultation _____ All written records

_____ Written treatment summary _____ Other:

_____ Medication consultation

I hereby release Donna L. Fone, LMFT, LPCC from any and all liability arising from the release of this information.

I understand that these records may contain information of a personal nature in relation to physical, mental, psychological, and/or emotional conditions. This consent expires on _____ OR if no expiration date is indicated this consent expires one year from date consent is signed by client.

_____ _____
(Client signature) (Relationship if client is a minor) Date

_____ _____
Donna L. Fone, LMFT, LPCC Date