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I _____ as a client of Path Light Counseling give my consent for Therapist, William Seery, L.M.F.T. to share information with _____ about topics relevant to our therapy sessions and client's progress in therapy. The purpose of any sharing of information will be for clarification regarding past or future therapy, determining treatment goals or for assisting with adjunct therapy or recovery services.

This release of information will be in effect until _____ .

Name (printed) _____

Signature

Date
