

*Cynthia Pastor, MFT
2940 Camino Diablo Suite 300
Walnut Creek CA 94597
(925) 947-6853*

CONSENT FOR RELEASE OF INFORMATION

I hereby give permission to Cynthia Pastor, MFT to exchange information and reports with:

(Physician, School, Therapist, etc.)

Regarding:

(Client's name)

This information is for evaluation and treatment planning and consent may be revoked at any time except for the information already acted upon. Maximum duration of the consent is one year from date of signature.

(Signature of Client and Date)

I certify that I have reviewed the above with the client or authorized representative, and find that he/she has the capacity to give informed consent.

(Signature of Clinician and Date)