

Joanna Wise Bradman, LCSW

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Authorization Consenting to Release of Information

I authorize Joanna Wise Bradman, LCSW 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. _____

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.

Name _____ Date _____ Signature _____