

Sylva Clinical- PSYCHOLOGY!

Breathe in. Breathe out. Relax...

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Child/School Psychology

ELIZABETH "BETTY" TULOOU, M.A.
General Psychology

SUZANNE STONE, M.A., LPCS
Adolescent/Adult Counseling

KATIE DEWHURST, M.A., LPCA
Adolescent/Adult/Couples Counseling

LAUREN J MARCH, PSYD, LCAS
Child/Adolescent/Adult Psychology

FAITH COOK, PSYD
Adult Psychology

JAMIE A. THOMAS, LCSW
Adolescent/Adult/Couples Counseling

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize Sylva Clinical Associates and

to exchange information from the record of:

This information shall include (nature and extent of information to be released):

I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid for:

One Year

I understand that I may revoke this consent at any time except to the extent that information has already been released before I revoke the consent.

X _____
Client's Signature

Or _____
Authorized Representative's
Signature

X _____
Date

Witness

(Necessary only if client signs with an "X")

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