

# Sylva Clinical- *PSYCHOLOGY!*

Breathe in. Breathe out. Relax...

## 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")

70 Westcare Drive, Suite 402  
Sylva, North Carolina 28779

(other offices in Asheville & Franklin)

**Telephone:** (828)586-5555 **Fax:** (828) 586-5527

sylvaclinical.com

sylvaclinical@yahoo.com

**CHIMENE MATHIS, B.S.**  
Chief Executive Officer



**BRITTANY BUTTERY, B.S.**  
Practice Administrator