

# Wendy Boyer LMFT, LLC

Wendy Boyer Wahlquist: Marriage and Family Therapist  
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## CONSENT TO RELEASE INFORMATION

Date: \_\_\_\_\_

Regarding \_\_\_\_\_  
*Client's name*

I hereby give my written permission for Wendy Boyer Wahlquist, of Wendy Boyer LMFT, LLC

to exchange the following information as indicated below with \_\_\_\_\_

\_\_\_\_\_  
*Person or Office information is to be shared with*

Verbal information \_\_\_\_\_ School records \_\_\_\_\_

Written information \_\_\_\_\_ Medical records \_\_\_\_\_

Other exchange, please specify \_\_\_\_\_

I understand that I may refuse to authorize release of my confidential information to others if I so choose. I understand that I may revoke this consent at any time in writing, except to the extent that action has been taken in reliance on it. This consent may expire automatically as described below. I also understand that this information may be subject to re-disclosure by the party receiving the information and may no longer be protected.

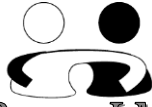
I allow the listed agency to accept a copy of this form as a valid consent to release information. This consent includes information, which is placed in the record after the date this consent was signed, unless noted otherwise.

This consent expires within one year of this signature, or as specified below:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Client/Guardian:  
\_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature \_\_\_\_\_

Client Name: \_\_\_\_\_



*Wendy Boyer LMFT, LLC*