

Van C. Evans, LCSW

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Release of Information

I, _____ (your full name), hereby authorize Van C. Evans to release/exchange information to/with:

Agency/Individual: _____

Address: _____

Phone: _____

The following information may be released:

I do not give permission for any other use or re-disclosure of the following information:

This release will expire on this date: _____ OR end of therapy (circle).

Name (print): _____

Date: _____

Signature: _____