

# 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: \_\_\_\_\_

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The following information may be released:

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

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

Name (print): \_\_\_\_\_

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

Signature: \_\_\_\_\_