Joshua Coleman. Ph.D. Speaker, Author & Psychologist

Authorization for Release of Confidential Information

	Client's Name	
Ι,	_AND/OR	
Аитн	ORIZE	
	Releasing Professional/Agency Phone #	
THAT SUCH CONTAC	RMATION/RECORDS WITH JOSHUA COLEMAN, PH.D., WITH THE CT DISCLOSES MY SERVICES. THE DISCLOSURE OF INFORMATION EVALUATION, TREATMENT PLANNING, OR FOR THE FOLLOWING I	/RECORDS IS
This consent is su	UBJECT TO REVOCATION BY THE UNDERSIGNED AT ANY TIME. IF	NOT EARLIER
REVOKED	, THIS CONSENT EXPIRES ONE YEAR AFTER THE SIGNATURE DAT	E.
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	Date:	