

**Authorization for Release of Information
for Individual Therapist**

I, _____, hereby grant permission to
Beth Salvi-Hudgins to:

_____ receive from: _____
(name of individual therapist)

_____ release to: _____
(name of individual therapist)

The purpose of this disclosure is obtaining information for DBT Skills.

Individual Therapist Information:

Name of Therapist: _____

Phone: _____

Address: _____

I may revoke this consent at any time. Revocation does not pertain to previously made disclosures.

Signature: _____

Date: _____

Legal Guardian: _____
(if under 18 years old)

Date: _____

Witness: _____

Date: _____