

Gary R Mauldin PhD
Licensed Marriage and Family Therapist
P.O Box 30215 Knoxville, Tennessee (865)805-9781

**BILATERAL AUTHORIZATION TO EXCHANGE PROFESSIONAL
INFORMATION**

This form fully protects your civil liberties when the following conditions are met:

1. All blanks have been filled out prior to your signing it
2. That you sign it only after a specific request has been made;
3. That you fully understand that the release is limited to include only the agency (or agencies) or individual (s) named below.

I AUTHORIZE _____

TO EXCHANGE PROFESSIONAL INFORMATION WITH _____

IN REGARD TO (WHOM) _____

FOR THE PURPOSE OF:

Any information you authorize other professional to release to the above named persons will be held strictly confidential and will not be released without your permission, within the legal limits of State Law.

Person _____ Date _____

Guardian _____ Date _____

Witness _____ Date _____