

Consent to Exchange Information

I, _____ give Linda Piantieri, permission to **exchange** information regarding _____ DOB _____ with the following agencies and/or person:

_____ address _____
city _____
state _____ zip _____
phone _____ fax _____

I want any/all information to be exchanged for the purpose of coordinating care.

This Consent to Exchange Information remains in effect until 90 days after the end of treatment with Linda Piantieri. I understand that I may revoke this consent, by putting my request in writing, at any time prior to the above date.

_____ Client

_____ Date

_____ Parent/Legal Guardian

_____ Date

_____ Witness

_____ Date

Linda Piantieri, MA, NCC
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Licensed Mental Health Counselor
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