

Aresu Kehlhofer, MA, LMFT
355 Ericksen Avenue NE
Bainbridge Island, WA 98110
(206) 384-3072

RELEASE OF INFORMATION

I, _____, hereby authorize
_____, to discuss and disclose any information
regarding _____, for the purpose of
psychotherapy or other matters designated by the signer to:

Aresu Kehlhofer, MA, LMFT
355 Ericksen Avenue NE
Bainbridge Island, WA 98110
(206) 384-3072

This release shall remain in effect for _____ days from the date below or until the signers request that it be terminated.

_____ Date _____

_____ Date _____
Aresu Kehlhofer