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**Release Of Information**

I, \_\_\_\_\_ authorize Elizabeth A. Tatum, LPC, to release and/or exchange  
(client name or parent/guardian)

pertinent information on behalf of \_\_\_\_\_ to the following person or  
(client name)

agencies: \_\_\_\_\_

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Shared information may include:

\_\_\_\_\_ academic progress

\_\_\_\_\_ progress notes

\_\_\_\_\_ verbal consultation

The release of information is effective through \_\_\_\_\_ unless terminated before this date by the client, client's legal guardian or Elizabeth A. Tatum.

All information that is hereby authorized to be obtained from or to above person or agencies will be held strictly confidential and cannot be released without my consent. I have read and understand the above authorization for release and/or exchange of my protected health information as stated.

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(signature of client or legal guardian)

(date)