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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: _____

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.

(signature of client or legal guardian)

(date)