

Julie Oddone, MS
Licensed Marriage and Family Therapist
MFC48515

Release of Information

I give my consent for Julie Oddone, LMFT to consult the following people about my (my minor child's) care:

Please do NOT discuss the following topics when discussing this case:

Signing here I acknowledge that Julie Oddone, LMFT will be breaking confidentiality with my permission for the purpose of collaboration, consultation, or continuity of care.

_____ (signature)

_____ (print)

_____ (date)