Pauline Jarakian M.S. MFT 1102 Sanchez St.

San Francisco Ca. 94114 415 246-4117

Consent for Release of Information (includes permission to disclose as well as to obtain information: 2 way consent form)

I, give

permission for Pauline Jarakian MFT to disclose information regarding therapy

sessions to for

the purpose of ongoing assessment and treatment.

In addition, I also give permission

for to

release information to Pauline Jarakian MFT regarding pertinent information about

assessment and treatment of the above patient.

Patient Date

Pauline Jarakian MFT

Marin Office:412 RedHill Ave.Suite 5 San Anselmo, Ca. 94960