

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.

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Patient

Date

Pauline Jarakian MFT

Marin Office: 412 RedHill Ave. Suite 5

San Anselmo, Ca. 94960