

## Release of Confidential Information

Tom Linde, LICSW  
1370 Stewart St., #102  
Seattle, WA 98109  
Phone: (206) 669-9801

I, \_\_\_\_\_, hereby give permission for the mutual exchange of information between Tom Linde, LICSW and:

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Both parties may exchange information as they deem necessary to facilitate treatment or for other purposes as I request. This information may include matters of mental health, chemical dependency and sexually transmitted disease.

This release specifically *excludes* the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This release expires in six months from the date of signing or on: \_\_\_\_\_.

Signed, \_\_\_\_\_ Date: \_\_\_\_\_

And, \_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_