

# RELEASE OF INFORMATION

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I, \_\_\_\_\_, authorize my therapist,  
Lynn Marie Lumiere, MFT, to speak to \_\_\_\_\_  
who is my \_\_\_\_\_ regarding my therapeutic  
process. His/her phone number is \_\_\_\_\_.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lynn Marie Lumiere, MFT

\_\_\_\_\_  
Date