



# Eric Tivers, LCSW, MSSW

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## Release of Information

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's date: \_\_\_\_\_ Expires: \_\_\_\_\_

I authorize Eric Tivers to discuss relevant treatment information with the individual name below. I may rescind or modify this release at anytime.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title/Relationship \_\_\_\_\_

Do not share information about \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date