

Lana Isaacson, LCSW, CAC III, Certificate in Marriage and Family Therapy

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RELEASE OF INFORMATION

I, _____ give Lana Isaacson, LCSW, CAC III and
(**Client's** printed name *or* **Parent/Guardian** if Client is younger than 15)

(If Client is younger than 15, please write the client's name & D.O.B. _____)

_____ at _____
(person's name) (title- ex. doctor, parent, spouse) (phone number)

_____ at _____
(person's name) (title- ex. doctor, parent, spouse) (phone number)

_____ at _____
(person's name) (title- ex. doctor, parent, spouse) (phone number)

_____ at _____
(person's name) (title- ex. doctor, parent, spouse) (phone number)

_____ at _____
(person's name) (title- ex. doctor, parent, spouse) (phone number)

permission to exchange information in order to coordinate my care.

_____ **Client Signature**

_____ **Date**