DR. CHRISTINA MORRIS, PSY.D.

Licensed Psychologist, PSY26803, Professional Corporation Compassionate psychotherapy for children, teens, and families

## **Release of Information**

Client / Child's Name:\_\_\_\_\_

Date of Birth:\_\_\_\_\_

I authorize the exchange of information between Dr. Christina Morris and the individuals and/or agencies listed below. This authorization may be revoked in writing at any time and will expire in one year from the date of signature below. Any re-disclosure of information by the recipient is prohibited without the express written consent of the parent and/or legal guardian listed below. This release includes all educational, psychological, and medical records. Dr. Christina Morris may exchange information with:

Person or Agency	Role in Client's Life	Email / Phone