

**Mindy McHugh, MFT, MFC39852
12 Crow Canyon Court, Suite 210
San Ramon, CA 94583
(925)855-1320**

**CONSENT TO RELEASE
CLIENT INFORMATION/RECORDS**

I, _____,
hereby authorize Mindy McHugh, Marriage and Family Therapist:

() Provide information to _____.

() Receive information from _____.

**The disclosure of information/records authorized herein is required for the
following purpose:**

**This consent is subject to revocation by the undersigned at any time except to the
extent that action has been taken in reliance hereof and is not earlier revoked, it
shall terminate on _____ without expressed revocation.**

Date

Client Signature

Therapist

Parent/Guardian/Client Representative