

Consent for the Release of Confidential Information

Information to be released by Dr. Nix:

Party to Receive Information: _____

Address: _____

Phone: _____

Information to be released to Dr. Nix:

Date on Which Consent Expires: _____

If an expiration date is not specified, this consent expires 90 days after the date of execution.

Client Signature (if client is age 13 or older) _____ Date

Signature of Parent of Guardian (if client is 12 or younger) _____ Date

Relationship to Client