



Connie Bonner-Britt MA LMHC
 360-542-6895
 connie@selftimeout.org

Chuck Britt MA LMFT
 360-336-3882
 chuck@selftimeout.org



Rev. 12-20-2021

CLIENT CONSENT For Mutual Exchange Of Information

I hereby give my “Consent For a Mutual Exchange Of Information” between my therapist:

✓	Connie Bonner-Britt, MA, LMHC	— or —	✓	Charles M. Britt, MA, LMFT
---	-------------------------------	--------	---	----------------------------

... and the following Organizations or Individuals:

	NAME	ADDRESS	PHONE
1			
2			
3			

... regarding historical and current information about the following client:

CLIENT NAME (Please Print)	DATE OF BIRTH

What is the purpose of this “Consent For Mutual Exchange Of Information”?		Check One	
1	To Coordinate Treatment Services.	✓	
2	Or (Please Print)	✓	

When will your “Consent For Mutual Exchange Of Information” expire?		Check One	
1	You can choose to cancel this "Consent For Mutual Exchange Of Information". CONTACT YOUR THERAPIST. They will permanently discontinue this release.	✓	
2	Discontinue your “Consent For a Mutual Exchange Of Information” on this date: ____ - ____ - ____	✓	

Client Comment:
Client Comment (Please Print)

Your signature below certifies your “CONSENT For Mutual Exchange Of Information” as shown above.			
Client		DATE	____ - ____ - ____
Parent/Guardian/Witness		DATE	____ - ____ - ____
Parent/Guardian/Witness		DATE	____ - ____ - ____