



Janel A. Umfress MS, CCC-SLP, ET/P

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Release & Exchange of Information

CLIENT NAME

I, _____, hereby authorize
Janel A. Umfress to discuss the above mentioned client and to release
or exchange confidential records and information to:

NAME

NAME

POSITION

POSITION

EMAIL

EMAIL

PHONE

PHONE

I understand that I may revoke this authorization at any time by
notifying Janel A. Umfress in writing. This authorization is valid
throughout the duration of treatment or until _____.

*By signing below, I acknowledge that I have read and understand this
Authorization to Release and Exchange Information and I hereby
release all parties named herein from any and all liability arising from
the release of the requested information.*

PARENT/GUARDIAN SIGNATURE

DATE