

Marel Grunt, M.A.

**Licensed Marriage and Family Therapist
1150 Ballena Boulevard, Suite 253
Alameda, CA 94501**

RELEASE OF INFORMATION ADULT

Re: _____

DOB: _____

**I, _____ authorize Marel Grunt, LMFT to release
information to: _____.**

This information shall consist of:

(Please draw a slash through the lines not containing information.)

**In addition, I authorize _____ to release confidential
information to Marel Grunt, MFT.**

**I understand that all information exchanged will be used for treatment and consultation
purposes only, and is not to be released to any other person without my written consent.**

**This authorization is effective on the month and day on which it is signed, and until the
same month and day one year hence. Authorization may be revoked at any time, without
prior notice, by the person who signs below.**

(Print Name)

(Signature)

(Date)