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RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize Dr. Abouardham to discuss verbally
_____ (initials) or in writing _____ (initials) the following topics/any material _____ (initials):

1. Topic: _____ (initials)

2. Topic: _____ (initials)

3. Topic: _____ (initials)

4. Topic: _____ (initials)

that have been brought up during our psychotherapy with the person/s or staff of clinic, office,
agency, or institution/s named below and to receive _____ (initials) any relevant
information from the said person/s:

1. Name: _____ Agency: _____

2. Name: _____ Agency: _____

3. Name: _____ Agency: _____

4. Name: _____ Agency: _____

for the purpose(s) of: _____

I may revoke this consent at any time. This consent is in effect only for six months from the date it
is signed, unless revoked earlier or renewed.

SIGNATURES

Client: _____ Date: _____

Client: _____ Date: _____