

Release of Information Form

Client Name:

Client Address:

Client Phone number & email:

Client date of birth:

I authorize Kaseja Wilder to share information with the following person(s):

Name:

Phone number:

Name:

Phone number:

Name:

Phone number:

I, the undersigned, understand that the clinician, Kaseja Wilder, LCSW, may share confidential information with the person(s) I have named on this form. Further, I understand that the information shared will be limited to any information needed to further the therapeutic process. I revoke this release of information at any time by providing the clinician with a new Release of Information Form.

Signature of client:

Date:

**Kaseja Wilder, LCSW
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