

Lynnika Draper Therapy

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Authorization for Release/Exchange of Information

This form provides Lynnika Draper with written permission to commutate with other individuals regarding your treatment. This release shall be valid until termination of treatment or withdrawn in writing by the patient during the course of treatment

I, _____ authorize Lynnika Draper to release and/or exchange information with _____ regarding details about my mental health treatment. _____'s contact information is

_____.

Patient Name: _____

Signature _____

Date: _____