Milena Lukic, MS, LMFT
Licensed Marriage and Family Therapist #100492
Phone: 747.221.4411
Email: milenalmft@gmail.com

Consent to Release Information

Client Name _____ **DOB** _____

I/We, the undersigned, hereby authorize Milena Lukic to (check all that apply):

□ **Exchange information with** (Person or Agency): _____
Address _____
Phone _____ Email _____

□ **Release information to** (Person or Agency): _____
Address _____
Phone _____ Email _____

□ **Obtain information from** (Person or Agency): _____
Address _____
Phone _____ Email _____

Information to be released by Milena Lukic:

□ Enrolment/Discharge	□ Progress report	□ Medical history
□ Case summary	□ Needs assessment	□ Mental health information
□ Individual goals	□ Other _____	

This consent is valid for _____ (actual date or time frame that is not to exceed 6 months). I understand that I may cancel and/or make changes to this release at any time. If I want to cancel and/or make changes, I must notify Milena Lukic as soon as possible in writing and/or sign the cancellation section below.

_____ _____
Signature of person authorizing the release **Date**

Revoke/Cancel Consent

I revoke any release of information consent given prior to this date

_____ _____
Signature of person revoking the consent **Date**