

RHONDA L. DAVIS, MDiv, MSW, LCSW
Psychotherapy and Pastoral Counseling

PERMISSION FOR EXCHANGE OF INFORMATION

I hereby authorize the mutual exchange of both written and verbal information between Rhonda L. Davis, MDiv, MSW, LCSW and the following agencies or professionals from the record(s) of:

AGENCY OR PROFESSIONAL	NATURE OF INFORMATION
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Please list any limitations you may have upon the release of the above information:

I understand that this information will be limited as designated above and that it will be used solely for the purpose of treatment of _____

This signed authorization is valid through _____

Signature

Date

Witness