Craig Toonder, MFT

Body-Mind Psychotherapy & Consultation in Personal Development

Authorization to Obtain or Release Confidential Information

I _____, authorize Craig Toonder, MFT to release / obtain information that is pertinent to my therapy or evaluation with any person/s or staff of clinic, office, agency or institution/s named below.

1. _____
2. _____
3. _____
4. _____
5. _____

Reason(s) for the release of information:
_____ Consultation/Psychotherapy
_____ Evaluation
_____ Other: _____

This consent is in effect for one year from the date of signing, unless revoked in writing or until the termination of therapy. I understand that I may revoke this consent at any time. I understand that any cancellation or modification of this authorization must be in writing.

Signature	**Name (print)**	**Date**

Signature	**Name (print)**	**Date**

3637 Grand Avenue • Suite B • Oakland, CA 94610 • 510 499-7137
ctoondermft@gmail.com • www.oaklandcouplescounseling.com • License # MFC 42605