

# Maureen Kaye, MFT

MFC 44834

## Consent to Release Counseling Records Between Separated or Divorced Parents

I, \_\_\_\_\_ authorize the release and  
Guardian of Minor Child

exchange of information between Maureen Kaye, MFT and

\_\_\_\_\_ regarding the diagnosis  
and treatment of \_\_\_\_\_.  
Minor Child

This consent is subject to revocation by the undersigned at any time  
except to the extent that action has been taken in reliance heron, and if  
not earlier revoked, it shall terminate on \_\_\_\_\_ without  
express revocation. I understand that I may revoke this consent at any  
time by informing the above parties in writing.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed name of Parent

\_\_\_\_\_  
Date