

# Bilateral Consent for the Release of Confidential Information

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Laura McAuliffe, MSC, MFT 775-722-8316  
Wayne McAuliffe, MSC, MFT 775-741-3671

180 West Huffaker Lane, #303  
Reno, NV 89511

I \_\_\_\_\_, authorize \_\_\_\_\_ Wayne McAuliffe, MFT  
\_\_\_\_\_ Laura McAuliffe, MFT

To disclose to: \_\_\_\_\_

And above noted individual to disclose to \_\_\_\_\_ Wayne McAuliffe, MFT  
\_\_\_\_\_ Laura McAuliffe, MFT

The following information: \_\_\_\_\_

The purpose of the disclosure authorized herein is to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that my records are protected under the federal regulations governing Confidentiality of Client and Counselor laws and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically within six months unless as follows: \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature