

**RELEASE OF INFORMATION**



*Weeds to Wishes  
Counseling & Consulting*

Client Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

**By signing this, I give my consent to the exchange of information between the individuals named below:**

Name: Kathryn Kemp Chociej, MSW	Name:
Address: 220 M St NE	Address:
Auburn, WA 98002	
Phone: 253-653-6217	Phone:
Email: <a href="mailto:kat@weeds-to-wishes.com">kat@weeds-to-wishes.com</a>	Email:

Check which apply:

- Treatment Summary       Safety Planning
- Discharge Summary       School Goals/Progress
- Case Notes (Dates: \_\_\_\_\_ through \_\_\_\_\_)     Other: \_\_\_\_\_
- Diagnosis Only      \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Weeds to Wishes*  
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