



CONSENT TO EXCHANGE INFORMATION

I, _____, hereby give permission for the exchange of information between Virginia H. Lindahl, Ph.D. and the following persons or institutions:

(Please specify specific persons / institutions and/or departments)

I am giving permission about myself or a minor child for whom I am a legal guardian. **(If for a child, please give the child's name: _____)** I attest that consent for minor children is made in accordance with any custody agreement currently in effect.

I understand that the information will be shared for the purposes of treatment or evaluation and will not extend beyond the scope necessary for treatment or evaluation. I also understand that information will be kept confidential as required by the laws of the Commonwealth of Virginia and HIPAA regulations.

Signature: _____

Relationship to Client: _____

Date: _____

Witness: _____