

# MUTUAL EXCHANGE OF INFORMATION

REBECCA LOWRY, MA, LPC  
Health and Wellness Coach

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I hereby give my permission for a mutual exchange of information between Rebecca K. Lowry, LPC, and

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

concerning the treatment of (including medical, psychological, and/or education records)

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

for the purpose of \_\_\_\_\_

I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance on it, and, if not revoked sooner in writing, this consent will expire 180 days from the day signed. I understand that I have the right to receive a copy of this consent.

Release or transfer of the above information to any other person or organization is prohibited without an additional written consent authorizing such a transfer.

Client Name \_\_\_\_\_  
(please print)

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

Parent/Guardian Name \_\_\_\_\_  
(please print)

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