

**E. Inga Markham MMFT, RCC**

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**Consent to Release of Information**

I, (please print)..... do hereby consent to the release of any and all information deemed pertinent to my ongoing therapeutic work between E.Inga Markham and .....

I understand that by signing this consent to release information, only the two parties named above may consult with each other. All other personal information, including my Client Status will be held in absolute confidence by both the above named parties, except where precluded by the Duty to Inform.

Signed this day of: \_\_\_\_\_

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

E.Inga Markham: \_\_\_\_\_  
Psychotherapist