

**Couple & Family Institute of Tri-Cities**  
**8121 W. Quinault Ave. Suite F202**  
**Kennewick, WA 99336**  
**509-579-0200 Office**  
**509-232-0216 fax**

**General Release of Information**

I, \_\_\_\_\_, DOB \_\_\_/\_\_\_/\_\_\_ give permission for  
(print your name)

\_\_\_\_\_ to release information shared in an individual therapy  
(therapist name)

session on, \_\_\_/\_\_\_/\_\_\_, to \_\_\_\_\_, solely for  
(date of individual session) (print name of partner)

the purpose of couples' therapy.

This release is effective beginning, \_\_\_/\_\_\_/\_\_\_, and will end when couples'  
(date)

therapy at Couple and Family Institute of Tri Cities has ceased.

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date signed