Jenna E. Wilson, MSW, LCSW 360 N. Caswell Rd. Charlotte NC 28204
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RELEASE OF INFORMATION

I hereby give permission for Jenna E. Wilson, MSW, LCSW to exchange records, reports, and client information with the following:

_____
Agency/Individual

_____
Address

_____
City/State/Zip

This release pertains to _____
Name DOB

This will authorize _____ to exchange information with Jenna E. Wilson, MSW, LCSW. Disclosed information may include clinical observations, history, diagnostic impressions, course of treatment and any other relevant information.

This authorization for release of information may be revoked in writing at any time. Otherwise, this release will automatically expire in 1 year from date signed.

_____ _____
signature of client date

_____ _____
Jenna E. Wilson, MSW, LCSW date