

ANNEMARIE FLANSBURG-SPIESS

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AUTHORIZATION FOR THE MUTUAL RELEASE AND EXCHANGE OF CONFIDENTIAL AND PRIVILEGED INFORMATION

I hereby authorize the mutual written and verbal exchange of any confidential or privileged information between AnneMarie Flansburg-Spiess., and any Court (including police records) and any Health, Education (including DSHS and CPS), or Legal Professional and any other person who in Ms. Flansburg-Spiess's discretion might be relevant to my contact with this office. Any exceptions to this exchange of confidential or privileged information are identified below.

I understand that Ms. Flansburg-Spiess, like most professionals, consults with other professionals as part of normal practice and mutual professional feedback and supervision. I understand that this type of professional consultation uses anonymous material. I agree that this release also includes such professional consultation.

I understand that without this release my records are otherwise protected under the Federal and State Confidentiality Regulations and cannot be disclosed except in accordance with those regulations. I understand that it is my right to revoke this release at any time. Because the case management services performed by Ms. Flansburg-Spiess are part of a court order, I understand Ms. Flansburg-Spiess may need access to custody related court documents and may have to submit information to the Court. I also understand that I am not receiving therapy or treatment with Ms. Flansburg-Spiess as part of these case management services.

I understand and agree that even if I revoke this release, the laws of the State of Washington require Ms. Flansburg-Spiess to disclose privileged information in the following situations: suspected child abuse to CPS, actual threat of violence against a reliably identified victim to police and victim, a danger to self/others or mental incompetence/gravely disabled to MHP, the IV drug or sex partners to Board of Health if individual is HIV positive, or in instances where the court shall order the disclosure of privileged information or shall subpoena records.

In consideration of Ms. Flansburg-Spiess's agreement to perform this service for me, I hereby release Ms. Flansburg-Spiess and each of the above parties with whom Ms. Flansburg-Spiess exchanges and/or releases information, from all liability, legal, professional, financial, or otherwise, that might directly or indirectly result from the release or exchange of any information that might be relevant to these case management services. I fully understand, agree, and take sole responsibility that the information released may be detrimental and damaging to me personally, to me financially, and to me legally. I understand and agree that this is a legally binding document, that I have had the opportunity to consult with an attorney on this matter if I desire, that I fully understand the rights and privileges that I now waive by signing this agreement, and that I give this release, authorization, and consent of my own free will.

I agree that a photocopy of this form and my signature below are as valid as the original.

Any exceptions not included in this release: _____

check if no exceptions

Signed: _____

Printed: _____

Executed this _____ day of _____, 20____ in _____ (name of City),

_____ (Name of County), Washington.