



Allison S. Kress Psy.D. (PY 60558205)

271 Wyatt Way NE Suite 200,
Bainbridge Island, Washington 98110

2500 E. Madison Street Suite 304,
Seattle Washington 98112

(949) 235-6636 drallison@drallisonkress.com www.DrAllisonKress.com

Consent to Exchange Confidential Information

I hereby request and authorize exchange of confidential information concerning my case between Allison Kress, Psy.D. and the individual or agency listed below for purposes of use in my treatment. This may include any physician, psychiatrist, psychologist, counselor, attorney, probation officer, school official, or any individual that might have information (medical, psychiatric, psychological, social, or legal) which may have been acquired in a professional capacity concerning myself. This exchange of information may be in written or verbal form.

Print name of individual or agency with whom you are authorizing that information be exchanged.

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

This authorization is valid only from _____ to _____.
(Beginning Date) (Ending Date)

Signature

Date

Print Name

** You have a right to receive a copy of this authorization and may do so by simply requesting one.*