

Mental Health Provider Services Invoice

**Jennifer Woodward, MS, LMFT**

**11549 Los Osos Valley, Rd. Suite 103, San Luis Obispo, CA 93405**

**805-550-3621**

**Jwoodward213@gmail.com**

**LMFT # 114372**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent for Jennifer Woodward to

confer (in writing or verbally) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

concerning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Signature Date

This release will remain in effect for one year from the date signed.