



Therapy for Inner Well-Being  
and Interpersonal Success

## Release of Information

I, \_\_\_\_\_,

give permission for Polly M. Ryan, MA, MFT, to communicate in writing or verbally with the following professionals for the purpose of coordinating treatment:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Signature

Date