

**Jonah Green and Associates, LLC**

**3930 Knowles Avenue #200**

**Kensington, MD, 20895**

**Phone # (301) 466-9526**

**Release of Information Form**

I, \_\_\_\_\_ give permission for my treating clinician at Jonah Green and Associates, LLC to exchange information about (circle one) myself my child (ren).

Name of child (ren): \_\_\_\_\_

with the following person, persons, or entities:

\_\_\_\_\_  
Name Address/Phone Number

\_\_\_\_\_  
Name Address/Phone Number

\_\_\_\_\_  
Name Address/Phone Number

\_\_\_\_\_  
Name Address/Phone Number

Jonah Green and Associates, LLC will limit its communications to matters necessary for evaluation, treatment and care coordination. Additional limitations on communication:

\_\_\_\_\_

\_\_\_\_\_  
Signature of client or client's guardian

\_\_\_\_\_  
Date