

RELEASE AND EXCHANGE OF INFORMATION

I, \_\_\_\_\_ AGREE THAT  
TAMARA ELLIS, Ph.D., M.F.T. MAY SPEAK WITH THE  
FOLLOWING PARTIES REGARDING MY CARE OR THE  
CARE OF MY MINOR CHILD(REN).

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SIGNED \_\_\_\_\_  
DATE \_\_\_\_\_

THIS RELEASE IS GOOD FOR ONE YEAR AFTER THE  
DATE SIGNED.

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This release is intended for services related to:

\_\_\_ Psychotherapy

\_\_\_ Collaborative Practice Coaching

\_\_\_ Parenting Coordination      \_\_\_ Other: \_\_\_\_\_