



Andrew Trelstad, MA, LMFT intern
3449 NE 25th Ave
Portland, Or. 97212
503-757-4556

Supervisor: Liz Gregory, MA, LMFT, RPT, License T1390 Oregon

Release of Information Form

I, _____ give permission for my treating clinician at Trelstad Counseling to exchange information about (circle one) myself my child (ren).

Name of child (ren): _____ with the following person, persons, or entities:

Name/Organization

Contact information

Name/Organization

Contact information

Trelstad Counseling 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