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CONSENT TO RECEIVE/RELEASE INFORMATION

Name _____

I understand that I am seeing William Brislin, LMHC for a post annulment evaluation in which he will disclose personal information about me, my partner, and our relationship to a Marriage Tribunal of a Roman Catholic Diocese or Archdiocese. Furthermore, I am requesting that William Brislin, share his impressions with the entity listed below.

I understand that this evaluation is not psychotherapy and does not initiate a therapeutic relationship with William Brislin, LMHC.

I authorize communications to be made by or to William Brislin, at the address, phone, email, and/or FAX number noted above by agents of the Marriage Tribunal of the (Arch) Diocese of _____.

Authorized representatives of the Marriage Tribunal listed above may communicate via written, telephoned, email, or on-site contact. This informed, signed consent releases the above parties from any liabilities arising from this exchange.

My signature indicates that I understand this information.

Signed _____ **Date** _____