Dr. Edith Shiro, Psy.D.
Clinical Psychologist (917) 723-8474 eshiro11@yahoo.com

December 19, 2016

Consent to Release or Exchange Information

I authorize the release of information as follows:

Release of information to Dr. Edith Shiro regarding the treatment of

.....

By

.....

Release of information by Dr. Edith Shiro regarding

.....

To the following agency or individual

.....

I certify that I am the parent or legal guardian of any children under the age of 18 for whom I am authorizing release of information. If release of information is requested for more than one adult, each adult must sign a separate consent form.

PRINT NAME .....

PRINT NAME .....

SIGNATURE .....

SIGNATURE .....

19300 West Dixie Highway, Suite # 1, North Miami Beach, FL 33180