



**FAMILY FIRST SUPPORT CENTER, INC.**  
110 SW Center Street  
Mount Olive, North Carolina 28365-2124

## **CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_, consent to release information  
regarding my therapy and/or testing with \_\_\_\_\_ to the  
following individual(s):

\_\_\_\_\_  
\_\_\_\_\_.

I do not consent to release the following information (if applicable):

\_\_\_\_\_  
\_\_\_\_\_.

I understand that I may withdraw my consent at any time.

\_\_\_\_\_  
Client Signature (Client's Parent/Guardian if under 18)

\_\_\_\_\_  
Today's Date