

ROBERTA GODBE-TIPP, PH.D.
7765 Healdsburg Avenue #12
Sebastopol CA 95472
(415) 485-5607

Authorization to Release Confidential Information

I, _____, authorize Roberta Godbe-Tipp, Ph.D., to release confidential information obtained during my couples counseling and psychotherapy work to

_____.

This form releases both parties to consult with each other.

Signature: _____

Date: _____