

WINSTON WILDE, MA, DHS

California license #MFC39060

New Mexico license #CMF018492

PO Box 3604 Taos, NM 87571

docwilde@verizon.net 323.692.9120

Consent for Release of Information

I, _____, am currently a patient of
Dr. Winston Wilde.

I wittingly and willfully consent to give permission to Dr. Wilde to
professionally discuss my case with

Name

Phone number

I agree that Dr. Wilde may discuss with the above named person any and all
information I may have revealed to him in the course of treatment, as well as any
opinions, diagnoses, and interpretations he may have concerning me and my
psychotherapy treatment.

This agreement will be valid for one year from the date indicated
below. I may revoke this release at any time by submitting a written revocation to Dr.
Wilde.

Patient Name Printed

Date

Patient Signature