



# Alternative Behaviors, LLC

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## RELEASE / EXCHANGE OF CONFIDENTIAL INFORMATION

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Client Name

Date of Birth

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Parent/Guardian Name (if applicable)

Phone Number

- I authorize the following individuals or agencies to provide information to Nadya M. Molina, Alternative Behaviors, LLC.
- I authorize the following individuals or agencies to receive information from Nadya M. Molina, Alternative Behaviors, LLC.

Individuals or Agencies:	Address:	Phone Number:

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Type of Information (e.g., academic and social/emotional)

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Parent / Guardian/ Client Signature

Date