

Relational Consultants Group, Inc.  
Laura L. Richter, Ph.D., LMFT

**RELEASE OF INFORMATION**

I \_\_\_\_\_ am requesting that Laura Richter, Ph.D., LMFT, be granted permission to disclose confidential information relevant to my care and treatment to:

\_\_\_\_\_

whose address is:

\_\_\_\_\_

I UNDERSTAND THAT DISCLOSURE, WITHIN THE LIMITS OF THE LAW\* SHALL BE LIMITED TO THE FOLLOWING:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any questions, please feel free to ask or email us at [drlaurarichter@gmail.com](mailto:drlaurarichter@gmail.com)

*\*I am required by law to reveal information obtained during therapy to other persons or agencies without your permission in the following situations:*

*If there is concern that you will do grave or bodily harm or inflict death on another person, I am required by law to notify the potential victim as well as the local police department.*

*If there is concern that you will do grave or bodily harm or inflict death on yourself, I am required by law to take measures to keep you out of harm's way. This would result in mandatory hospitalization.*

*If a court of law issues a legitimate court order (signed by a judge), I am required to provide the information specifically described in that order.*

*If you are in therapy as a result of a court order, I am required by law to provide the court with the results of treatment.*

*If you are seeking payment through a third party, I just provide them with information as it pertains to number of visits and fee structure.*

(This space is intentionally left blank, please see next page.)

\_\_\_\_\_  
Client Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Laura L. Richter, Ph.D., LMFT

Date: \_\_\_\_\_

Laura Richter, Ph.D., LMFT  
7777 Glades Road, Suite 207B  
Boca Raton, Florida 33434  
561 715-6404 [drlaurarichter@gmail.com](mailto:drlaurarichter@gmail.com)