

RECIPROCAL RELEASE OF INFORMATION

I hereby request that any supervisors I currently work with, including LPC supervisors and clinical supervisors in my place of employment, release any relevant information requested to BARBARA MELTON upon her request as it relates to my job performance, current caseload, or anything that may affect same. This may be done in written or verbal format at any time.

I further give BARBARA MELTON permission to share any pertinent information to my supervisors which may impact on my supervision process and the best interests of my clients.

The main purpose of this Release is to allow the exchange of information between supervisors so as to maximize the supervision experience in a collaborative way.

My current supervisor(s) is/are:

Signature of Supervisee:

Date: _____