



RELATIONAL

LIFE FOUNDATION

Authorization for Release of Contact Information for Referral to Relational Life Therapy (RLT) Outcomes Study

This form allows your therapist to share your contact information with the RLF research team for a study conducted in collaboration with the Relational Life Foundation.

Your therapist will only share your information if you express interest in learning more about the study.

I give permission for my therapist to share the following information with the research team:

- **First Name, Last Initial**
- **Phone Number**
- **Email Address**

This information will be used only so that the research team can contact me to provide more information about the study.

Sharing this information does not mean I am agreeing to participate in the study.

Research Team Contact: research@relationallifefoundation.org, 510-213-8366

Important Information

- Participation in the study is completely voluntary.
- I may choose not to respond or decline participation at any time.
- My decision will not affect my therapy or relationship with my therapist.
- No therapy records, notes, or personal health information will be shared—only the contact information listed above.

Expiration: This authorization will expire: _____

Right to Revoke: I understand that I can revoke this authorization at any time by informing my therapist in writing.

Printed Name: _____

Signature: _____

Date: _____