Marriage Family Therapist
License No. MC 021316

Educational Psychologist
License No. LEP 1395

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INFORMATION/RECORDS RELEASE AUTHORIZATION FORM

TO:_____

TELEPHONE:_____FAX:_____

ADDRESS:_____

CLIENT NAME:_____ DATE OF BIRTH:_____

This hereby authorizes two-way communication between Karen E. Davis and the party designated above which shall include release of records and/or information pertaining to any treatment for the purpose of assessment, evaluation, psychotherapy, and consultation. This authorization shall be effective immediately and shall remain in effect until revoked in writing by the client, or the client's parent or legal guardian.

Information released or exchanged may include the following:

__Educational
__Psychosocial
__Medical
__Psychiatric
__Diagnosis
__Psychometric Measures & Assessment Reports
__Treatment Summary

__Telephone Consultation
__On-Site Meeting

I release Karen E. Davis from any legal liability resulting from the release of this information with the understanding that reasonable professional safeguards will be taken. I understand that this information will be released to qualified professionals only and may not be released to any other party without my permission. A photocopy of this information shall be considered valid. I understand that I have a right to receive a copy of this authorization upon request.
This consent expires in one year from date of signature.

Signature of Client /Parent/Legal Guardian Date