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Authorization to Release Confidential Information

I, _____, hereby authorize Kattie Bachar to exchange confidential information obtained during the course of my treatment with

This Authorization permits the release of the following information:

- Any and All Information Necessary
- Diagnosis Treatment Plan Prognosis
- Progress to Date Clinical Test Results Dates of Treatment
- Patient Records Summary of Treatment
- Other

I authorize the release of the information described above for the following purpose(s):

The recipient may use the information described above solely for the following purposes(s):

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.

This Authorization shall remain valid until: _____.

By: _____ Date: _____