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### Authorization to Release Confidential Information

I, \_\_\_\_\_, hereby authorize Kattie Bachar to exchange confidential information obtained during the course of my child's treatment with

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This Authorization permits the release of the following information:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Any and All Information Necessary |  |   |
| <input type="checkbox"/> Diagnosis                         | <input type="checkbox"/> Treatment Plan        | <input type="checkbox"/> Prognosis          |
| <input type="checkbox"/> Progress to Date                  | <input type="checkbox"/> Clinical Test Results | <input type="checkbox"/> Dates of Treatment |
| <input type="checkbox"/> Patient Records                   | <input type="checkbox"/> Summary of Treatment  |   |
| <input type="checkbox"/> Other                             |  |   |

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

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

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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: \_\_\_\_\_