



Anna Stewart, MA, LMFT
 Licensed Marriage & Family Therapist #84609
 8788 Elk Grove Blvd, Bldg 3, Ste 12B, Elk Grove, CA 95624
 (916) 612-4610 • fax (916) 943-1400

Authorization to Exchange Confidential Information

I/We, _____ [Client(s)]

hereby authorize an exchange of confidential information regarding my treatment between:

Anna Stewart, LMFT #84609	
Licensed Marriage & Family Therapist	
916-612-4610	916-943-1400
(Therapist Phone)	(Therapist Fax)
anna@aspencounselingca.com	
(Therapist Email)	
8788 Elk Grove Blvd, Bldg 3, Ste 12B Elk Grove, CA 95624	
(Therapist contact info)	

&

(Person(s)/Agency(s) to Exchange with)	
(Phone)	(Fax)
(Email)	
(Mailing Address, City, State, Zip)	

This Authorization permits the exchange of the following information:

- Any and All Information Necessary
 Diagnosis Treatment Plan Prognosis Billing Issues
 Progress to Date Clinical Test Results Dates of Treatment & Scheduling
 Client Records Summary of Treatment Other (please describe below)

I authorize the exchange of the information described above to be used for the following purpose(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: _____ [expiration date]

By: _____ Date: _____
 Client or Client's Representative

*If signed by other than Client, please indicate relationship between Client & his/her representative.

_____ [Relationship to Client]