Julie Trosin, LMFT, LMFT78612
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(408) 718-7405

Authorization to Release Confidential Information

I, _____, Date of Birth _____, hereby authorize Julie Trosin, Licensed Marriage & Family Therapist, to release to and/or receive relevant confidential information obtained during the course of treatment from:

CONTACT: _____ (RELATIONSHIP: _____)

ADDRESS: _____

_____

PHONE: _____ FAX: _____

This authorization permits the release of the following confidential information:

- ☐ Entire Record
- ☐ Treatment Summary report (includes Diagnosis and/or Treatment Plan)
- ☐ Clinical consultation and/or Coordination of Care/Treatment
- ☐ Superbill (for possible insurance reimbursement)
- ☐ Letter acknowledging Treatment, Dates of Service and/or Fee (usually to inform employer of appointment attendance)
- ☐ Other _____

The intended purpose or objective for my authorizing the release of information is:

_____

_____

_____

I fully understand this authorization and request to release/obtain records and information, the consequences and implications of the release, and my request is wholly voluntary on my part. I hereby release the source of these records/information from any liability arising from their release. The above information may be exchanged verbally, electronically and/or in writing. I understand that I have a right to request to receive a copy of this authorization and that any cancellation or modification of this authorization must be in writing. This authorization shall remain valid for the entire duration of this active treatment episode beginning from today's date until termination of treatment or upon receipt of written notice for cancellation/modification. Any revocation or changes to this authorization in writing are exempt from including any action/release of information based on this consent that has already occurred.

Print Client Name(s): _____ Date: _____

Client Signature(s): _____ _____

If applicable, signature of parent/conservator/guardian: _____

Relationship to Client: _____

Therapist/Witness Signature: _____Date:_____