



Swanson, Conti & Associates

A Psychological Corporation
818.986.9666
www.SwansonContiAndAssociates.com
Encino Medical Plaza
5400 Balboa Boulevard, Suite 311
Encino, California, 91316

Authorization To Release Confidential Information

I, _____, do hereby give permission to (Check all that apply:

- David Swanson, Psy.D, Rachela Conti, Psy.D,
 Robert Robbins, MA

to release information to and to receive information from the party described below:

Name

Organization

Street Address

City, State and Zip Code

Telephone Number

Facsimile Number

I understand that this authorization will be considered void immediately upon my request in writing, one year after the date I have signed it or at which time treatment is terminated (whichever shall occur first).

Client's Name Printed

Client's Signature *Date*

Legal Guardian's Signature (if client is a minor) *Date*