



Sheena Maharaj, M.S.
Registered Marriage Family Therapist Associate, AMFT # 79147
Supervised By: Brandi Garner, M.S.
Licensed Marriage Family Therapist, LMFT, LIC # 49045
9717 Elk Grove Florin Rd, Ste. A, Elk Grove, Ca 95624
Phone: (916) 573-0108, E-Mail: s.maharaj.vylc@gmail.com
Online: www.visualizeyourlifecounseling.com

Authorization to Exchange Confidential Information

I, _____ hereby authorize _____
to exchange confidential information regarding my treatment with _____

This Authorization permits the exchange 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 exchange of the information described above for the following purpose(s):

The recipient may use the information described above solely 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: _____
(Patient or Patient's Representative*)

*If signed by other than Patient, please indicate the relationship between Patient and his/her representative.