

**Amanda McDaniel, M.A., Licensed Marriage and Family Therapist
LMFT #120943
7545 Irvine Center Drive, Suite 200
Irvine, California 92618
949-393-8300**

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize Amanda McDaniel, LMFT to release to _____ information pertaining to my mental health treatment, including, but not limited to the following: medical/mental health history, current/past symptoms, treatment and assessment materials, and contact information. I further release the above named individual from all legal liabilities that may arise from this stated situation.

The purpose of this release of information is to inform you that Amanda McDaniel, LMFT, maintains the highest standard of care through regular consultation. This authorization will be valid throughout the duration of my treatment. I understand that the release of the above mentioned mental health information cannot be disclosed without written consent.

Client Signature

Date

Client Signature

Date

Parent/Guardian Signature (if minor)

Date

Amanda McDaniel,
Licensed Marriage Family Therapist, #120943

Date