**North Valley Anger Management Consultants**

**CONSENT TO RELEASE**

**CONFIDENTIAL INFORMATION**

Karen Fincher, LMFT

Licensed Marriage & Family Therapist LMFT 77877

# By signing this document, I, (name of client)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# hereby authorize Karen Fincher, Licensed Marriage & Family Therapist LMFT 77877 to disclose information and records obtained in the course of my diagnosis and or treatment to:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This disclosure of information and records authorized herein is required for the following purpose: (please circle and describe below if needed)

**Diagnosis Coordinate Care** **Billing Purposes**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Such disclosure shall be limited to the following specific types of information: (please circle and describe

below if needed) **All records Diagnosis Treatment Dates Treatment Goals & Progress**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*I understand that any cancellation of this authorization must be in writing.**

\*\*This authorization shall remain valid **until a year from this date**.

\*\*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature [of patient, parent, or guardian]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth or Social Security Number [of patient]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note that this sample form can be altered to allow a legal representative of a patient, or a beneficiary or personal representative of a

deceased patient to authorize the release of confidential information. Reference: California Civil Code Section 56.11

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