Rebecca Johnson, LMFT #79769
1010 Sir Francis Drake Blvd. Suite 101, Kentfield, CA 94904 Tel: 415-820-1612

Authorization to Release or Exchange Information

I authorize Rebecca Johnson, Licensed Marriage & Family Therapist, and:

Provider Name: _____

Address: _____ Phone: _____

_____ Fax: _____

To release or exchange confidential information obtained about:

Client's name: _____ Date of Birth: _____

This Authorization permits release of any and all necessary information, including, but not limited to, medical records, psychological testing, treatment history, functioning, symptoms, diagnosis, prognosis, treatment plan, progress to date, medication records, dates of treatment, treatment summary, social services, school reports, etc. This information is to be used for evaluation, diagnosis, treatment planning, treatment, and/or case coordination.

This Authorization has the following exceptions: _____

This information may be exchanged verbally or in writing between or among these providers and will not be released to any other person or organization without my written consent.

A photocopy of this Authorization is as valid as the original. This Authorization shall remain valid until _____ or until a cancellation or modification of this Authorization is submitted in writing to this provider.

Signature: _____ Date: _____
(client)
Signature: _____ Date: _____
(parent/guardian)
Signature: _____ Date: _____
(parent/guardian)

*You have the right to receive a copy of this form. Please let us know if you would like a copy.