

Kristian Menotti, LCSW (License Number 61728)

Authorization to Release Records

I, _____, hereby authorize _____
and _____ to exchange my health records and information
obtained during the course of treatment.

By initialing I am providing authorization and permit the release of the following information:

- Diagnosis Treatment Plan Progress to Date
- Prognosis Clinical Test Results Dates of Treatment
- Any and All Information Necessary
- Other (specify)

I authorize the release of the information described above for the following purpose (s):

The specific uses and limitations of the types of the information to be released are as follows:

The specific uses and limitations on the use of the information by the recipient are as follows:

This consent shall expire on:

The client can request a copy of this authorization. The client has a right to refuse to sign this form. The client understands information that is used or disclosed according to this authorization may be subject to re-disclosure by the recipient. The provider will not make providing treatment a condition of signing this authorization. For revocation of this form, client must provide a written request to the provider named above. California law may provide additional protection regarding the possible re-disclosure stated above.

Dated _____ Signature of Client _____