



# Authorization of Release and/or Exchange of Information

Pursuant to the Confidentiality of Medical Information Act, as amended, California Civil Code 56 et seq.

Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**I, \_\_\_\_\_ hereby authorize the release and/or exchange of confidential information between:**

Name: \_\_\_\_\_

Center for Individual and Family Therapy  
840 Town & Country Road, Orange, CA 92868  
714-558-9266 x\_\_\_\_\_

and \_\_\_\_\_

*(Recipient Name, Address, Agency and Phone No.)*

### Specific information to be released:

- |  |  |
|--|--|
| <input type="checkbox"/> Any and All Information Necessary | <input type="checkbox"/> Prognosis                         |
| <input type="checkbox"/> Client Records                    | <input type="checkbox"/> Treatment Plans & Recommendations |
| <input type="checkbox"/> Dates of Treatment                | <input type="checkbox"/> Psychological Testing Report      |
| <input type="checkbox"/> Discharge Plans                   | <input type="checkbox"/> Progress to Date                  |
| <input type="checkbox"/> Diagnosis                         | <input type="checkbox"/> Other Use/Limitation: _____       |
| <input type="checkbox"/> Psychiatric Evaluation            | _____  |
| <input type="checkbox"/> Presenting Symptoms               | _____  |

### Purpose(s) for which information is to be released to recipient:

- Continuity of Care
- Other: \_\_\_\_\_

This Authorization becomes effective on the date signed and will remain valid until \_\_\_\_\_ ("Expiration Date"). I understand that this information may not be released to any other organization without my permission. A photocopy of this authorization shall be considered valid. 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.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Client or Client's Representative\*)

*\*If signed by other than Client, please indicate the relationship between Client and his/her Representative: \_\_\_\_\_*