



**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:

\_\_\_\_\_ (CIFT therapist)

Center for Individual and Family Therapy  
 1633 E Fourth St, Suite 120, Santa Ana, CA 92701  
 714-558-9266 x\_\_\_\_\_

and \_\_\_\_\_

\_\_\_\_\_  
 (Recipient Name, Address, Agency and Phone Number)

for the purpose of:  Continuity of Care  Other: \_\_\_\_\_

**Specific information to be released:**

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

This Authorization becomes effective on the date signed and will remain valid until \_\_\_\_\_ . 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 and delivered to my therapist directly or to the CIFT office located at 1633 E. Fourth Street, Suite 120, Santa Ana, CA 92701.

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

\*If signed by other than Client, please indicate the relationship to Client: \_\_\_\_\_