

AUTHORIZATION TO EXCHANGE OR RELEASE INFORMATION

I, [Name of Patient], _____
herby authorize **Sara Pezeshkpour, AMFT (#146409), Supervised by Rebecca G. Kahane, LMFT (#37382)**, to exchange confidential information regarding my treatment with [Name(s) of person(s) to which information is to be exchanged or released]:

This Authorization permits the exchange of the following information:

- _____ Any and All Information Necessary
- _____ Diagnosis _____ Treatment Plan _____ Prognosis
- _____ Progress to Date _____ Clinical Test Results _____ Dates Of TX
- _____ Patient Records _____ Summary of Treatment
- _____ Other _____

I authorize the exchange or release of the information described above for the following purpose(s): **Coordination of Care**

The recipient may use the information described above solely for the following purpose(s): **Coordination of Care**

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. This authorization shall remain valid until: _____ (if no date is inserted, the expiration date is 1 year from signature date)

By: _____ Date: _____
(Signature of Patient or Patient’s Representative*)

*If signed by other than Patient, please indicate the relationship between Patient and his/her Representative: _____

Please note: You are entitled to receive a copy of this form. You have the right to refuse to sign this form. You understand that information that is used or disclosed according to this authorization may be subject to re-disclosure by the recipient and is no longer under the control of your therapist. I will not make providing treatment a condition of signing this Authorization. To

Sara Pezeshkpour
Associate Marriage & Family Therapist, #146409
Supervised by Rebecca G. Kahane, Licensed Marriage & Family Therapist, #37382

revoke authorization, you must provide a written request to me. California law may provide additional protection regarding the possible re-disclosure stated above.

Sara Pezeshkpour

Associate Marriage & Family Therapist, #146409

Supervised by Rebecca G. Kahane, Licensed Marriage & Family Therapist, #37382

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