



AUTHORIZATION FOR EXCHANGE AND RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize Elinor Bawnik, LMFT, to exchange and release confidential information regarding my treatment with the following:

Name: _____

Connection to client: _____

Phone: _____ Email: _____

Fax: _____

This authorization permits the exchange and release of the following (*please initial*):

_____ Any and All information necessary

_____ Diagnosis

_____ Progress in treatment

_____ Treatment plans

_____ Client Records

_____ Other: _____

_____ Prognosis

_____ Clinical test results

_____ Dates of treatment

_____ Summary of treatment

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

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

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

This authorization shall become effective immediately and a photocopy or fax of this form is to be considered as valid as the original. I understand I have the right to receive a copy of this authorization. Any cancellation or modification of this authorization must be in writing. This



ELINOR BAWNIK
LMFT

authorization is valid until: _____. If no date is specified, authorization will be valid for one year.

Please note: If you have authorized the disclosure or release of your mental health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law prohibits recipients of your health information from redisclosing such information except with your written authorization or as specifically required or permitted by law.

Signature of Client/Parent/Guardian

Date

Your Relationship to the Client: _____

To Revoke Authorization Only:

By signing the below, I understand that I am revoking authorization to release or exchange information with the above mentioned party by the recipient.

Date Authorization Revoked: ____ / ____ / ____

Signature of Client/Parent/Guardian