**Ceci Bolan, MS**
**Licensed Marriage and Family Therapist (# MFC 45251)**
**Compassionate Counseling Services**
**23201 Mill Creek Drive, Suite 220**
**Laguna Hills, CA 92653**
**949-678-9530**

## AUTHORIZATION TO RELEASE INFORMATION

By signing this document, I, (Name of Client)______________________________,
hereby authorize (Therapist)__________________________ to disclose information and records regarding my diagnosis and/or treatment to (Names and Titles/Functions of the persons and or entities to whom disclosure is made, and their phone numbers/addresses)__
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I understand that I have a right to receive a copy of this authorization. I also understand that cancellation or modification of this authorization must be in writing. This disclosure of information and records authorized herein is required for the following purpose:______
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

This disclosure shall be limited to the following specific types of information:__________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

This disclosure of information and records authorized herein shall be limited to the following specific uses:_____________________________________________________
___________________________________________________________________________
___________________________________________________________________________

This authorization shall remain valid until (Date)__________________________________

______________________________________ ______________________________
Signature of Client Date

______________________________________
Printed Name of Client