Denise Hockley MS, LMFT, CATC
License No. LMFT 30255
Certification No. H1006130932

Licensed Marriage & Family Therapist
750 Terrado Plaza, Suite 214,
Covina, CA 91723
760-822-7729

www.denisehockley.com
email@denisehockley.com

AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

I, [Name of Client] _____

hereby authorize ***Denise J. Hockley, LMFT, CATC*** to exchange confidential information regarding my treatment with [name and function of the person(s) or entities to which information is to be exchanged]:

Name, Professional Role and Phone: _____

Address: _____

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 Treatment

____ Client Records ____ Summary of Treatment ____ Other

_____

_____

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

_____

_____

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

_____

_____

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 :_____("Expiration Date")

By:_____ Date:_____

(Client or Client's Representative*)

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

Representative: _____