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LICENSED MARRIAGE  
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## AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I, [Name of Client] \_\_\_\_\_ hereby authorize **Denise J. Hockley, LMFT** to  
\_\_\_\_\_ release or  
\_\_\_\_\_ exchange

confidential information obtained during the course of my treatment to \_\_\_\_\_

Name, Professional Title and Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This Authorization permits the release of the following information:

- \_\_\_\_\_ Diagnosis \_\_\_\_\_ Treatment Plan \_\_\_\_\_ Prognosis
- \_\_\_\_\_ Progress to Date \_\_\_\_\_ Clinical Test Results \_\_\_\_\_ Dates of Treatment
- \_\_\_\_\_ Client Records \_\_\_\_\_ Summary of Treatment \_\_\_\_\_ Other

I authorize the release 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: \_\_\_\_\_