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LICENSED MARRIAGE
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AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

I, [Name of Client] _____ hereby authorize **Denise J. Hockley, LMFT** to
_____ exchange confidential information obtained during the course of my treatment

with _____ Name, Professional Title and

Phone: _____

Address: _____.

This Authorization permits the exchange of the following information:

_____ Diagnosis _____ Treatment Plan _____ Prognosis

_____ Progress to Date _____ Clinical Test Results _____ Dates of Treatment

_____ Client Records _____ Summary of Treatment _____ Other (see Below)

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: _____