

Anna B. Alcalá, M.S., LMFT
Marriage and Family Therapist, M.S., LMFT 84636
155 Granada St, Camarillo, CA 93010
Phone: (805) 628-2204

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, give full authorization to Anna B. Alcalá, LMFT to share information regarding my mental health information verbally or in writing with:

Name: _____

Address: _____

City, State, Zip: _____

For the purpose of _____, This consent is subject to revocation by the undersigned and remains in force for _____ from the date of signature. By signing and dating this release of information, I allow the person listed below to share specific record information. Client may cancel this consent at any time through a written consent provided to Marriage and Family Therapist.

Anna B. Alcalá, LMFT
155 Granada St Suite I
Camarillo, CA 93010

Client's Name and Signature

Date

Anna B. Alcalá, LMFT 84636

Date