

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 mental health information regarding my child \_\_\_\_\_ 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

\_\_\_\_\_  
Person legally responsible's name and signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Anna B. Alcalá, LMFT 84636

\_\_\_\_\_  
Date