



6400 Canoga Ave., Suite 306 • Woodland Hills, CA 91367 • (818) 631-9608

Consent to Release Confidential Information

Release to/from: _____
Name & Phone Number

Release to/from: **Nadia Siswanto LMFT 818-631-9608**
Therapist’s Name & Phone Number

Records relating to: _____
Client’s Name

I give my permission for the reciprocal release of information, both verbal and written, between the above named parties. I am aware that these records may contain information related to diagnosis, treatments, prognosis, counseling, and/or therapy.

By signing this authorization to release any and all of my records, I am fully aware of provisions existing in State and Federal statutes, rules, and regulations which provide for my right of confidentiality of the information in these records. I am fully aware that certain State and Federal statutes and regulations require that I voluntarily and knowingly sign this document before my therapist can release any records. I may refuse to sign this release, in which case the records cannot and will not be released or disclosed.

Signature of client

Date

If client is a minor, Parent’s Signature

Date

Release Renewed On: _____

Release Renewed On: _____

Release Renewed On: _____

Release Revoked On: _____