Alice D. Petty-Hannum
License #MFC43967
Marriage and Family Therapist
Registered Addiction Specialist
406 Chinn Street
Santa Rosa, CA 95404
(707) 495-5350 office
(707)570-2680 fax

AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Date:_____

I, _____, authorize Alice Petty-Hannum, MFT to release/exchange confidential information with the following individual or agency:

Name of individual or Agency:_____

Address:_____

_____

Phone number: _____

I authorize the release/exchange of information for the following purpose:
(please x and initial appropriate box)
_____ **To coordinate treatment and/or update on progress and participation**
_____ **For billing purposes as necessary**
_____ **Other:_____**

The release shall be valid for: (please x and initial appropriate box)
_____ one (1) year after date of this document
_____ four (4) months after the completion of treatment
_____ until the following date:_____

I understand that I can revoke this release at any time by notifying clinician in writing.

Name of client (please print)_____

Client's signature:_____