

Laura A. Reames, M.A., LMFT
Licensed Marriage & Family Therapist, MFC43292
Office at Creekside Counseling Associates

8861 Williamson Drive, Suite 40
Elk Grove, CA 95624

Phone: (916) 685-5258 ext. 24
Fax: (916) 670-7880

Authorization to Exchange Confidential Information

I, _____, hereby authorize
Laura A. Reames, LMFT to exchange confidential information regarding my treatment and my
child's treatment with:

Name _____

Address _____

Phone _____

This Authorization permits the exchange of the following information:

___ Any and All Information Necessary

___ Diagnosis ___ Treatment Plan ___ Prognosis

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

___ Patient Records ___ Summary of Treatment

___ Other _____

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: _____

Print Name: _____

Signature: _____

Date: _____

Client Name:

Date of Birth: