Sabrena Swain M.A., MFT
Individuals, Couples, Families
License # MFC42517

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8861 Williamson Dr., Suite 40
Elk Grove, CA 95624

Authorization to Release or Collect Information

I, _____ do authorize for Sabrena Swain, MFT to collect or release information to:_____

_____,

any necessary information from records which were obtained during my treatment or evaluation.

The above information may be exchanged orally or in writing. This authorization is given of my own free will. I understand that I can revoke this authorization in writing at any time.

Signature: _____ Date: _____

Birth date: _____ Telephone Number: _____

Current Address: _____