Inner Freedom
Counseling Consulting Coaching

Authorization to Release Confidential Information

I, _____, hereby authorize

Triva Ponder, Licensed Marriage and Family Therapist, license 102289, to release confidential information obtained in the course of my treatment to the following person or entity who will be receiving the information:

_____

to be reached at _____
phone number / contact info

I am authorizing the release of the following information by initialing as indicated:

_____ Any and all information necessary
_____ Diagnosis _____ Dates of Treatment _____ Other
_____ Progress to Date _____ Patient Records _____ Prognosis
_____ Treatment Plan _____ Clinical Test Results

If "Other" was selected, please explain:
_____
_____
_____

I authorize the release of this information as indicated above for the purpose of:
_____
_____
_____

The recipient may use the information described above solely for the following purpose:
_____
_____
_____

I understand that I have a right to receive a copy of this authorization. I further understand that any cancellation or modification of this authorization must be in writing.

This Authorization shall remain valid for one year from today unless another date has

been entered here: _____.

By: _____
Client's Name

_____ _____
Client's Signature (or Legal Guardian) Date

_____ _____
Triva Ponder, LMFT 102289 Date

Initial Here> _____ I received a copy OR _____ I declined a copy at this time