

CONSENT TO RELEASE INFORMATION

I, _____, hereby request and authorize the verbal and/or written exchange and disclosure of information between:

Andrea Guzman, MFT
4656 30th St.
San Diego, CA 92116
Phone: (310) 612-2811

AND:

Person/Entity: _____
Address: _____
Phone: _____

The disclosure of information authorized by this consent is required for the purpose of billing. Such disclosure shall be unlimited or limited to the following specific information: _____.

I may revoke this consent at any time except to the extent that action has been taken in reliance upon this consent. A copy or fax of this release is considered a valid consent for release of information.

_____ Client (Print)	_____ Client Signature	_____ Date
_____ Legal Guardian (Print) (If client is a minor)	_____ Legal Guardian Signature	_____ Date
_____ Witness (Print)	_____ Witness Signature	_____ Date