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

8861 Williamson Drive, Suite 40
Elk Grove, CA 95624

Phone: (916) 546-1444
Fax: (916) 670-7880

Authorization to Exchange Confidential Information

I, ____, hereby authorize Laura A. Reames, LMFT to exchange confidential information regarding my 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: