

Client's Name _____ Birth date: _____
Month Day Year

I, _____ and/or _____
Name of Parent, Guardian, Conservator, if necessary

hereby authorize _____

Name of Agency/Person/Organization Address (Street, City, State, ZIP Code)
to exchange with **Keith Britany, MFT** **16463 Los Gatos Blvd, Los Gatos, CA 95032**
Name of Agency/Person/Organization Address (Street, City, State, ZIP Code)

the following information with the knowledge that such contact discloses the fact that mental health services have been/are being provided.

The disclosure of information is required for the following purpose(s):

☐ Evaluation ☐ Treatment Planning/Course ☐ Other

and shall be to ☐ request ☐ release the following types of information:
(Check all applicable items.)

<input type="checkbox"/> Entire Record	<input type="checkbox"/> Medical, Neurological Assessment, Lab Tests such as EEG, EKG, etc.	<input type="checkbox"/> Results of Psychological and/or Vocational Testing
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Other Evaluations/Assessment	<input type="checkbox"/> Social History
<input type="checkbox"/> Dates of Service	<input type="checkbox"/> Individual Treatment Plan	<input type="checkbox"/> Other _____
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Legal Information	

Month Day Year

This consent becomes effective _____

This consent may be revoked by the undersigned at any time except to the extent that action has already been taken. If not revoked in writing, it shall terminate at the end of (check one)

☐ 6 months ☐ one year ☐ other:

I understand that I am to receive a copy of this authorization.

Signature of Client Date: _____
Month Day Year

Signature of Parent, Guardian, Conservator, if applicable Date: _____
Month Day Year

Signature of Professional or Person Obtaining Authorization Date: _____
Month Day Year

KEITH BRITANY, LMFT
AUTHORIZATION FOR
RELEASE OF INFORMATION

16463 Los Gatos Blvd,
Los Gatos, CA 95032
Phone: 831-566-3728

Confidential Client Information

See California W&I Code 5328