JAMIE SCHENK DEWITT, MA, LMFT

Licensed Marriage and Family Therapist # 90492

323.424.7151 www.jamieschenkdewitt.com

Agreement for Exchange and/or Release of Information

I (We) hereby authorize an exchange and/or release of clinical information between

Jamie Schenk DeWitt, MA, LMFT #90492

and

_____

Name of therapist, psychiatrist, social worker, agency or other

_____

address

_____

phone number or email address

I authorize the exchange of information for the following purpose(s):

__ Any and All information necessary
__ Consultation
__ Progress to Date
__ Patient Records
__ Other_____
__ Treatment Plan
__ Clinical Test Results
__ Summary of Treatment
__ Diagnosis

Jamie Schenk DeWitt, MA, LMFT #90492 guarantees that she will observe the rules of confidentiality regarding any information, written or verbal, that is received under this agreement. It is understood that this exchange and/or receipt of information is intended solely for the purpose of furthering treatment and that any cancellation or modification of authorization must be in writing.

This authorization shall remain valid until: _____ or until therapy is terminated.

A photocopy of this authorization shall be considered as effective and valid as the original and I understand that I have the right to receive a copy of this document.

_____

Print Name

_____

Signature

_____

Date