

# La Vida Life Counseling Center

162 N. Glassell Street, Suite C, Orange, CA 92866

(714) 883-9156

## AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION :

This form cannot be used for the re-release of confidential information provided to **La Vida Life Counseling Center** by other individuals or agencies. Such requests should be referred to the original individual or agency.

I,  (DOB ) authorize  
**La Vida Life Counseling Center** Staff/Therapist:  to:  
 release to                       obtain from                       exchange with

Client's Name:

The following information pertaining to the student/client:

- treatment summary
- history/intake
- diagnosis
- psychological test results
- psychiatric evaluation/medication history
- dates of treatment attendance
- therapy in class/school
- other (specify):

For the purpose of:

- evaluation/assessment and/or coordinating treatment efforts
- mental health services
- other (specify)

This consent will automatically expire one (1) year after the date of my signature as it appears below,

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client's or Parent/Guardian's Name	Client's or Parent/Guardian's Signature	Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Witness	Signature of Witness	Date