

GrowWithTherapy
Dana Fogel-Stark, LMFT
23603 Park Sorrento Road
Calabasas, CA 91302

AUTHORIZATION FOR RELEASE OF INFORMATION

Client:

Name of Client

Date of Birth

Hereby authorizes:

Dana Fogel-Stark, LMFT
23603 Park Sorrento Rd #100
Calabasas, CA 91302

To exchange/disclose my personal health care information with:

Name of Person/Agency

Street Address

City, State, Zip

Phone Number

This consent becomes effective once signature is signed below. This consent may be revoked by the undersigned at any time in writing.

Signature of Client (s)

Signature of Responsible Adult