

Helene Beddingfield, LMFT # 31582
8150 Greenback Lane, Bldg 200, Fair Oaks, CA 95628
916 536 9336 _____

Request/Authorization to Release Confidential Information

Regarding: _____

Client's name

I hereby authorize Helene Beddingfield to release information concerning my individual records for the purpose of consultation with the following Health Care Provider:

Provider's name

Address

Telephone

Fax

I authorize the release of information regarding my personal treatment between Helene Beddingfield and the above named health care provider. I understand that this release is for treatment purposes only. I understand that I may cancel my consent at any time by writing and sending my revoke of this authorization. This consent automatically expires one year from the date on which it is signed or upon fulfillment of the purposes stated above.

Client/Guardian signature

Print name

Date