Judy Chamberlin LCSW

Individual, couples and family counseling
17752 Sky Park Circle, Ste 260
Irvine, Ca 92614
Phone: (949) 292-2092
Website: www.judychamberlin.com
Email: judy@judychamberlin.com

Authorization for Release of Information

Client Name: ______________________________ Date of Birth:_________________

Address: ____
Street Address apt number

____
City State Zip Code

______________________________ ________________ ________________
Email address Home phone Cell Phone

I authorize the exchange of the following confidential information in written/verbal form
__History, diagnosis and treatment
__Diagnosis, dates of treatment and fee
__Other (please specify) __________________________________

Between my psychotherapist, Judith Chamberlin LCSW, and the following individual or Agency

Name: ____

Address: ____
Street Address apt number

____
City State Zip Code

______________________________ ________________
Email address Phone

This consent will be valid from the date of the consent until the final date of therapy unless rescinded by the client.

__________________________________ Date:_________
(Client's Signature)

__________________________________ Date:_________
(Parents Signature for minor clients)

Revised 11/1/10