

Licensed Marriage and Family Therapist
License #102026

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Culver City, CA 90232
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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Date of Birth _____

This is to authorize _____

Phone _____

to disclose and release information regarding the above mentioned Client
to Alexa Tangalakis, MA, LMFT, who is authorized to discuss
all matters pertinent to the progress of the client

Data particularly requested include:

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric information | <input type="checkbox"/> Social Welfare Data |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Clinical Data |
| <input type="checkbox"/> Education records | <input type="checkbox"/> Legal Information |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Other: _____ |

Signature _____

(client, parent, legal guardian)

Printed Name _____ Date _____

Relationship to Client _____

Witness _____