

Dr. Jacquelyn M. Harlan, LMFT
License #: 89995
9550 Warner Ave., Ste. 250-08
Fountain Valley, CA 92708
(714) 593-2336

Release of Confidential Information

I, _____, hereby authorize Dr. Jacquelyn M. Harlan to exchange confidential information regarding my treatment with:

This Authorization permits the exchange of the following information:

___ Any and All Information Necessary

___ Diagnosis ___ Progress to Date ___ Patient Records ___ Other

___ Treatment Plan ___ Prognosis ___ Clinical Test Results

___ Dates of Treatment ___ Summary of Treatment

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing. This Authorization shall remain valid until: _____ (“Expiration Date”).

Sign: _____ Date: _____