

# Authorization to Release Information

**Catherine D. Cundy, M.A.**  
**Licensed Marriage and Family Therapist MFC 51063**  
1732 Tehama Street  
Redding, CA 96001  
Phone: 530-515-7946  
Email: catydc@sbcglobal.net  
www.reddingtherapy.org

Client Name \_\_\_\_\_

DOB \_\_\_\_\_

I authorize Catherine Cundy, MA., Licensed Marriage and Family Therapist to release and/or exchange the following information to/with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is otherwise confidential, and its use is limited to the treatment of the above named client.

Information authorized for release is indicated by a YES or NO:

	Medical history and physical exam results.
	Results of drug/alcohol testing.
	Police, probation or court reports.
	Educational functioning and testing.
	Social and behavioral functioning.
	Psychological and/or psychiatric testing or interview results.
	Clinical treatment records/summary reports
	Family background and history
	Other:

This consent is valid immediately, as of \_\_\_\_\_. It is valid for two years or until treatment is terminated and may be rescinded at anytime. A photocopy of this authorization shall be as valid as the original.

Signed \_\_\_\_\_

Date: \_\_\_\_\_