PACIFIC COAST BEHAVIORAL HEALTH

A Psychological Corporation

MARIE A. KING, PH.D.

CLINICAL PSYCHOLOGY ***NEUROPSYCHOLOGY***

PSYCHOANALYSIS

12121 WLSHIRE BOULEVARD, SUITE 810

LOS ANGELES, CA 90025

Phone: 310-371-0197 **E-mail: mkingphd@aol.com** **FAX: 310-868-2593**

AUTHORIZATION FOR RELEASE/ OBTAIN INFORMATION

I, _____, hereby authorize and consent for Pacific Coast Behavioral Health, to release any information, data or records regarding my medical history and treatment (including records pertaining to psychiatric/psychological, drug or alcohol use, and any medical condition I may now have or ever had) and any information data or records regarding my activities to:

_____

Name of Recipient or Organization

Such disclosure of information is for the purpose of _____.

I understand that my records are protected by state and federal confidentiality laws and that, with specific exceptions under state law, information cannot be disclosed without my written consent. I understand that by my signature below, I have waived this right to confidentiality. I further understand that I may revoke this consent at any time and that no further disclosure of information will be made. Such revocation will not affect information previously released.

If I do not withdraw my consent, this authorization will expire automatically in one year, unless another date is specified here _____ or circle: N/A.

I hereby relieve and release Pacific Coast Behavioral Health, its agents and representatives, from any and all damages, claims and causes of action arising out of, or in connection with, any release of this information.

The recipient of this information is prohibited from redisclosure of same by state and federal confidentiality regulations; however, with my signature below, I recognize that Pacific Coast Behavioral Health has no control over and is not responsible for the handling of such information by the recipient. A photocopy of this form is to be considered as valid as the original.

_____ _____ _____

Client Name (Printed) Date Client Signature