

Ifeyinwa (E-fee) Nzerem, LCSW
LCS #25252
Healthy Beginnings Psychotherapy
538 Hayes Street, San Francisco, CA 94102
415.225.4128 www.ifeynzerem.com

Release of Information

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____, authorize _____ to disclose information and records regarding
(Name of Client) ▲ (Name of party to release information) ▲
_____ whose Date of Birth is, _____, to _____
(Name of Client) ▲ (D.O.B.) ▲ (Name of party to receive information) ▲

SUCH DISCLOSURE SHALL BE LIMITED TO THE FOLLOWING SPECIFIC TYPES OF INFORMATION ▼

THE DISCLOSURE OF INFORMATION AND RECORDS AUTHORIZED HEREIN IS REQUIRED FOR THE FOLLOWING PURPOSE ▼

This authorization will be valid from _____ through _____
(Date) ▲ (Date) ▲

TYPED OR PRINTED NAME AND DATE ▼

Date ►

Handwritten signature (X) ▼

X _____