Laurie J. Hall, LCSW
Psychotherapist
1545 Hotel Circle South, Suite 250
San Diego, CA 92108
(619) 297-0025 / Fax (619) 996-2152

Release of Information

Primary Client: _____ D.O.B._____

I, the undersigned, hereby authorize Laurie J. Hall, LCSW to disclose information of the above named to _____

This disclosure is for the purpose to coordinate treatment and case management efforts with other appropriate social services, mental health professionals, collaborating agencies, or individuals. Such disclosure is limited to the following information: _____

_____

This consent to release information is valid and in effect throughout the entire course of treatment and will expire upon termination of treatment. I understand that I may withdraw this authorization at any time and that any cancellation or modification or this authorization must be in writing.

_____ _____
Clients Signature/Parent/Legal Guardian Date

_____ _____
Laurie J. Hall, LCSW Date