Cal J. Domingue, MFT
Licensed Marriage & Family Therapist
MFC39338

3896 24th St.
San Francisco, CA 94114
(415) 377-0544

Authorization to Release Confidential Information

I, the undersigned, hereby authorize Cal Domingue, MFT (MFC39338) to release confidential information obtained during the course of my treatment, and to obtain confidential information regarding my treatment, with:

Name: _____

Relationship: _____

Address: _____

_____

Phone: _____

Email: _____

This authorization permits release of the following information, by either party:

___ Any and all information necessary

___ Diagnosis	___ Treatment Plan	___ Prognosis
___ Progress to Date	___ Clinical Test Results	___ Dates of Treatment
___ Patient Records	___ Summary of Treatment	

___ Other: _____

I authorize the release of the information described above for the following purposes:

_____

_____

The recipient may use the information described above solely for the following purposes:

_____

_____

I understand that I have the right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be made in writing, and can be sent to Cal Domingue, MFT 3896 24th St. San Francisco, CA 94114.

This authorization shall become effective immediately and shall remain in effect until _____ ("Expiration Date").

Client Name (please print): _____

Address: _____
Street City Zip

Home Phone: _____ Work / Mobile: _____

Signature: _____ Date: _____

If signed by other than client, please indicate representative's name & relationship:

_____