Cameron Wardlaw M.A., LMFT • Licensed Marriage and Family Therapist, MFC 51795
4444 Riverside Drive Suite 305 Burbank, CA 91505 • Phone: (818) 618-9273

Consent to Release Information

I, _____ hereby authorize Cameron Wardlaw
Client Name – Printed
and the party delineated below to disclose and/or obtain information and/or records regarding my diagnosis and treatment and other pertinent information. I realize that the exchange of information between all parties is for the purpose of assisting all involved in properly treating me and facilitating transition of care.

Cameron Wardlaw M.A., MFT
4444 Riverside Drive Suite 305
Phone: 818 618-9273

Communication with:

Name: _____

Address: _____

Phone: _____

Fax: _____

Communication of the following information:
- ❑ Psychosocial
- ❑ History & Physical
- ❑ Treatment Plan
- ❑ Discharge Summary
- ❑ Verbal Communication
- ❑ Other: _____

INFORMATION TO BE RELEASED IN THE FORM OF:
❑ FAX ❑ PHOTOCOPY ❑ TELEPHONE

I understand that my records are protected under the federal regulations governing Confidentiality of Patient Records, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Consent Expires on (Date: _____). If no date is specified then the release is valid for one year from the date below. If a client wishes to revoke their consent they should speak to their Therapist and complete the Revocation of Consent to Release Information Form.

_____ _____
Client or Guardian Signature Date

_____ _____
Witness Date