



DANAE POWERS M.S.
LICENSED MARRIAGE AND FAMILY THERAPIST

License # MFC 52528
228 East Foothill Boulevard
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(626) 385-7284
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Authorization to Exchange Confidential Information

I hereby authorize Danae Powers, M.S. Licensed Marriage and Family Therapist to exchange confidential information regarding my treatment with:

Name: _____

Title or Relationship: _____

Company: _____

Address: _____

Phone: () - Fax: () -

Email: _____ @ _____

This Authorization permits the exchange of the following information:

- | | |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Any and All Information | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Prognosis |
| <input type="checkbox"/> Progress to Date | <input type="checkbox"/> Dates of Treatment |
| <input type="checkbox"/> Patient Records | <input type="checkbox"/> Summary of Treatment |
| <input type="checkbox"/> Other: _____ | |

I authorize the exchange of the information described above for the following purpose(s):



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Danae Powers, M.S. Licensed Marriage and Family Therapist may use the information described above solely for the following purpose(s):

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.

This Authorization shall remain valid until: _____
Date

Signature of Client or Client's Representative* Date

**Indicate relationship to Client:* _____

Danae Powers, M.S. Date
Licensed Marriage and Family Therapist