Debbie Powers, MA LMFT
Licensed Marriage and Family Therapist #52958
34092 Violet Lantern, Suite 100, Dana Point, CA 92629
Website: www.DebbiePowersMFT.com Email: DebbiePowersLMFT@gmail.com
Office: 949-249-8888 Fax: 949-249-2929

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Client: _____

Date of Birth: _____

Date of Authorization Initiated: _____

Date of Authorization Expiration: _____

Release of Information:

_____ Psychotherapy Notes

_____ Other

_____

Person(s) Authorized to make disclosure to and from Debbie Powers LMFT:

_____

Primary Care Physician: _____

I authorize the release of my confidential protected health information as described in my directions above.

Signature of Patient: _____ Date: _____