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Authorization to Exchange Confidential Records and Information

I hereby authorize Teresa L. Wilcox, LMFT and :

Name: _____

Address: _____ Phone: _____

Fax: _____

to exchange information from records about

_____, born on _____,

_____, born on _____,

for the following purpose(s):

- Further mental health evaluation, treatment, or care
- Rehabilitation program development or services
- Treatment planning
- Research
- Other: _____

These records concern the time between _____ and _____.

The information to be disclosed is marked by an X in the boxes below:

- Intake and discharge summaries
- Medical history and evaluation(s)
- Mental health evaluations
- Developmental and/or social history
- Educational records

Progress notes, and treatment or closing summary

Other: _____

Select only one:

Please forward the records to the address in the letterhead at the top of this form.

Please forward the records to the address written above.

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here:

Do not release.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above. I understand that if the person or organization that receives this information is not a health care provider or health insurer the information may no longer protected by federal privacy regulations.

Signature of client

Printed name

Date

Signature of client

Printed name

Date

Signature of parent/
guardian/representative

Printed name/ Relationship

Date

Copy for patient or parent/guardian Copy for source of records Copy for recipient of records