

WAIVER FOR RELEASE OF CONFIDENTIAL INFORMATION

Licensed Marriage and Family Therapists do not disclose patient confidences, including names or identities of their clients, to anyone, except if there is a waiver obtained in writing and then such information may only be revealed in accordance with the terms of the waiver.

THIS WAIVER IS LIMITED TO THE FOLLOWING:

- Pertinent clinical information
- Other _____

THIS WAIVER APPLIES TO THE FOLLOWING PROFESSIONAL OR AGENCY:

Name _____

Address _____

Telephone _____

WRITTEN PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION:

I give permission to Sue Mayo, Licensed Marriage and Family Therapist (MFT37211) to exchange information related to my/our psychotherapy services. This waiver applies to:

- Myself _____ DOB _____
- Myself _____ DOB _____
- My child _____ DOB _____

I understand that I have the right to revoke or modify this authorization in writing, at any time by sending written notification to Sue Mayo, MFT at 3184 Old Tunnel Road, Suite D, Lafayette, CA 94549. I understand that Sue Mayo may not allow a disclosure of Protected Health Information (PHI) that is not otherwise permitted by law. I understand that my therapy may not be conditional upon my signing this waiver. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of my information and may no longer be protected by the HIPAA Privacy Rule.

Signature(s) of client(s)

Date