



Mark Tinley, LMFT

Licensed Marriage & Family Therapist – License # 52487

660 S Figueroa St, Suite 1030, Los Angeles CA 90017

213-228-3511 Mark@sCounseling.com www.sCounseling.com

Authorization to Release Confidential Information

By signing this document, I, _____, hereby authorize Mark Tinley, Marriage & Family Therapist, to disclose information and/or records obtained in the course of my treatment to:

_____, _____
(Name of Receiving Party) (Function)

Address: _____ Phone: _____

I understand that I have a right to receive a copy of this authorization. I also understand that I have a right to cancel this authorization, but that any cancellation or modification of this authorization must be in writing. This disclosure of information or records authorized herein is required for the following purpose:

Such disclosure shall be limited to the following specific types of information:

This authorization shall remain valid until: _____

Signature(s)

Signature(s)

Date