

Beth Siegel, PsyD.
Doctor of Psychology in Psychoanalysis
Psychoanalysis and Psychotherapy
800 E. Ocean Blvd, Ste. # 107, Long Beach, California 90802
(714) 376-6235
California License L.C.S.W. #14970

AUTHORIZATION TO RELEASE INFORMATION

PATIENT NAME _____ DATE OF BIRTH _____

This is to authorize and request Beth Siegel, L.C.S.W., PsyD. to Release/ Request/ Exchange the following information pertinent to my treatment: **Release** **Request** **Exchange**

Information to be released, requested and / or exchanged:

For the purpose of: _____

To/From: Name: _____

Address: _____

City, State: _____

Telephone: () _____ Fax or 2nd phone () _____

Other Information about exchange: _____

This authorization shall be limited to the individual(s) and /or organization(s) named above. You have the right to revoke this authorization to release information at any time. This release is established to serve your interests and discretion and will be used as in accordance with your treatment. If you have any questions about this release and its connection with your treatment, you may ask at any time during its use on your behalf.

Patients Signature Date

Parent/Guardian Date

Beth Siegel, L.C.S.W., PsyD. (14970) Date

EVIDENCE CODE SECTION 1158:

“Failure to make such records available, during business hours, within 5 days after the presentation of the written authorization, may subject the person or entity having custody or control of the records to liability for all reasonable expenses, including attorney’s fees incurred in any proceeding to enforce the provisions of this section.”