Beth Siegel, PsyD.
Doctor of Psychology in Psychoanalysis
Board Certified Psychoanalyst
Adult Psychoanalysis and Psychotherapy
800 E. Ocean Blvd, Suite 107, Long Beach, CA 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**

(CLINICIAN ONLY) 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, PsyD ,LCSW (14970) Date

Preparation of Medical Records upon Request

There will be a fee charged for preparation time that is required to comply with an information request, third party request or report writing. There is a fee charged for the costs of copying and mailing any records request. This includes the cost of copying/ mailing records requested by other providers.