Lynn Renfroe, PsyD — Licensed Clinical Psychologist (CA #21536)
321 N Larchmont Blvd, Suite 814, Los Angeles, CA 90004 | (310) 203-7800 | drlynnrenfroe@gmail.com

Authorization for Release of Information (Fillable)

Client Name _____

Date of Birth _____ Phone _____

I authorize the release of information:

☐ To ☐ From ☐ Two-way exchange

Name/Organization _____

Address / Fax / Email _____

Specific information to be released (e.g., dates of service, treatment summary)

_____

This authorization is voluntary and may be revoked in writing at any time, except to the extent relied upon.
Unless revoked earlier, this authorization expires one year from the date of signature.
Information disclosed may be subject to re-disclosure by the recipient and no longer protected by HIPAA.

Client/Legal Guardian Signature _____

Relationship to Client (if applicable) _____