

Jessica C. Lief,
Psychotherapy

LCSW, MSL, DSW Candidate
LCSW #87286 (California)

Consent For Exchange of Confidential Information (Release Of Information)

I,

hereby authorize Jessica Lief to exchange information in a confidential and professional manner,

with the organization(s) or person(s) listed below:

Name:

Address:

Relationship:

Phone:

This disclosure is to be made for the purpose(s) of:

Conducting therapy sessions

Insurance payment or reimbursement

Furnishing information to my health care provider

Coordination of case management

Emergencies as needed

Other:

This consent will remain valid until the date specified below, although it is subject to revocation in writing at any time, except for information released prior to revocation.

Unless revoked by me sooner, this consent will expire on:

Client Signature:

Date: