Becky Fischbein, LCSW-C
The Family Garden LLC
Psychotherapy for Individuals, Couples & Families
(443)-212-8125
License # 09947 Tax ID 46-1201825

AUTHORIZATION TO RELEASE INFORMATION

I, ____, the undersigned, give permission to BECKY FISCHBEIN, LCSW-C, to release and provide information the following information;

____ MY DIAGNOSIS

____ MY LENGTH OF TREATMENT

____ MY ATTENDANCE IN THERAPY

____ MY TREATMENT PLAN

____ INFORMATION RELEVANT TO THE COORDINATION OF CARE

____ OTHER

TO: NAME:

RELATIONSHIP: ____

ADDRESS: ____

PHONE NUMBER: ____

FAX NUMBER: ____

THIS RELEASE WILL BE VALID FOR ONE YEAR UNLESS OTHERWISE SPECIFIED:
____

I UNDERSTAND THA I MAY REVOKE THIS AUTHORIZATION AT ANY TIME IN WRITING. IN CONSIDERATION OF THIS CONSENT, I HEREBY RELEASE THE ABOVE PARTIES FROM ANY LEGAL LIABILITY RESULTING FROM THE RELEASE OF THIS INFORMATION

SIGNATURE DATE