

# Patti Dengler MS, LMFT 34610

31324 Via Colinas Avenue, Suite 111 Westlake Village, CA 91362  
805/807/0642 818/436/4679fax [patti.dengler@me.com](mailto:patti.dengler@me.com) PattiDengler.com

## AUTHORIZATION FOR A TWO-WAY RELEASE OF PRIVATE HEALTH INFORMATION

Client Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I authorize Patti Dengler MS, LMFT and

_____	_____
Name and Title of Person	Agency Name
_____	_____
Street Address	City, State Zip

to release the following types of information to each other:

***Any information, verbal or written, considered by Patti Dengler MS, LMFT to be helpful in therapy, billing and/or quality control including but not limited to; case notes, content of therapeutic sessions, treatment plan, diagnosis, case management and billing information.***

This information will be used for:

***Clinical evaluation, service provision, treatment planning. case management, billing, quality control.***

This authorization shall remain valid until: Cancelled in writing by client. I have received a true copy of this authorization.

_____	_____
Signature	Date
_____	
Print Name	