



find your balance

Authorization to Exchange Confidential Information

I, [Name of Patient] \_\_\_\_\_ hereby authorize Jane Alt to exchange confidential information regarding my treatment with [name and function of the person(s) or entities to which information is to be exchanged]

\_\_\_\_\_.

This Authorization permits the exchange of the following information

\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Any and All Information Necessary. | <input type="checkbox"/> Diagnosis          |
| <input type="checkbox"/> Progress to Date                   | <input type="checkbox"/> Patient Records    |
| <input type="checkbox"/> Treatment Plan                     | <input type="checkbox"/> Prognosis          |
| <input type="checkbox"/> Clinical Test Results              | <input type="checkbox"/> Dates of Treatment |
| <input type="checkbox"/> Summary of Treatment               | <input type="checkbox"/> Other              |

The recipient may use the information described above solely for the following purpose(s):

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.

This Authorization shall remain valid until: (“Expiration Date”) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Jane Alt LMFT #116900

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*jane alt*  
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