Sonal Dhillon, M.A., LMFT #85497

Licensed Marriage & Family Therapist #85497 • 1380 Lead Hill Blvd, Suite 160, Roseville, CA 95661
(916) 893-0265 • therapywithsonal@gmail.com • www.sonaldhillon.com

Authorization for Release of Information

Client Name(s):_____

Date(s) of Birth: _____

This statement authorizes Sonal Dhillon to release and/or exchange information with the following individuals and/or organizations:

Name: Phone:	Client Initial
Name: Phone:	Client Initial
Name: Phone:	Client Initial

This information may consist of the following:

- Summary information regarding therapy experience including clinical opinions, assessments, and histories.
- Summary consultation information from ecclesiastical leaders or previous counselors.
- Other: _____

This information will be used for the following purpose(s):

- Further mental health evaluation and treatment.
- Other: _____

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here:

- ❑ Do not release.

I understand that I may revoke this authorization by writing at any time and that this release will be good from one year after the date of signing unless otherwise specified in writing. I (we) have read the foregoing with respect to the sharing of this personal information between the mentioned parties and agree to these conditions.

_____ _____

Signed (Client or Guardian) Signed (Client or Guardian)

_____ _____

Therapist Date