Mental Fitness Lifestyle, Inc.

22231 Mulholland Hwy., Suite 210
Calabasas, California 91302
(818) 224-4486 VM
(818) 224-3550 Fax

AUTHORIZATION TO RELEASE INFORMATION

Client: _____

Phone: _____

I hereby authorize **Allison Carter, Psy.D.** (Licensed Psychologist PSY19493) and Mental Fitness Lifestyle, Inc. to disclose to and/or receive from:

Name: _____

Address: _____

Phone: _____ Fax: _____

information pertaining to my/my child's psychological services rendered from:

_____ to _____.

Specific information requested includes: _____

_____

_____.

This authorization is good through _____ or until I revoke its authorization.
(fill in date) (circle this option)

Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____