Linda Peterson Rogers, Ph.D., R.N., LMFT
Individual, Couple & Family Psychotherapy
AAMFT Clinical Member & Supervisor
Certified EFT Therapist & Supervisor
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AUTHORIZATION FOR RELEASE OF INFORMATION

RE: _____

DOB: _____

I authorize Linda Peterson Rogers, Ph.D., R.N., LMFT

_____ to exchange information with

_____ to release information to

_____ to receive information from

_____

Name of Person, Organization, or Institution Phone Number

_____

Address

The following information:

_____ Medical Records
_____ Education/Academic Records
_____ Psychiatric Records
_____ Psychological Evaluation
_____ Neurological Evaluation
_____ Behavioral Report
_____ Teacher's Report
_____ Verbal Exchange
_____ Other Information

Approximate Dates of Service: _____

For the Purpose of: _____

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Guardian Date

_____ _____
Witness Date

Release Valid For: One Year Termination of Treatment

Revoked (please circle one)