

Jennifer Haney, L.C.S.W.

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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I hereby give my permission for a mutual exchange of information between:

Jennifer Haney, LCSW

Counselor and Education Consultant

15644 Pomerado Road

Suite 305

Poway, CA 92064

(858) 472-2526

AND

To include the following information pertaining to myself and/or my child:

- _____ education records
- _____ school meetings/services
- _____ health information/diagnosis
- _____ psychological and other test results
- _____ psychiatric evaluation/medication history
- _____ dates of treatment
- _____ other (specify) _____

for the purpose of:

- _____ evaluation/assessment and/or coordinating treatment efforts
- _____ other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following date _____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Child/Student Name (please print)

Date

Parent/Guardian Name (please print)

Signature of Parent/Guardian