Jennifer Grellman, MS, MFT
Licensed Marriage and Family Therapist #52905
Adolescent and Family Psychotherapy
810 College Avenue, Suite 1A
Kentfield, California 94904
415-306-6768
jgrellman@comcast.net

AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that this authorization will become effective immediately and will remain in effect until termination of therapy with Jennifer Grellman unless I request otherwise. I may withdraw this consent at any time. If withdrawn, I understand that Ms. Grellman may not further use or disclose this information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Complete the following section to permit Jennifer Grellman to consult with other providers, if applicable.

I,___________________________________, hereby authorize Ms. Grellman to communicate to the following individuals regarding my or my child's ______________________________________medical or psychological condition.

Name/Phone Number/Relationship (i.e. physician, child's teacher or school principal/counselor, therapist):

____

____

____

____

____

Complete the following section to allow other providers to consult with Jennifer Grellman, if applicable.

I,____________________________________, hereby authorize the following individuals to communicate to Ms. Grellman regarding my or my child's _______________________________________ medical or psychological condition.

Name/Phone Number/Relationship (i.e. physician, child's teacher or school principal/counselor, therapist):

____

____

____

____

____

Signature:____Date: ______________________

Printed Name: ____