Jill Solomon, MFT
8271 Melrose Avenue, Suite 202
LA, CA 90046
(323) 692-3759

Agreement for Exchange and/or Release of Information

I (We) hereby authorize an exchange and/or release of clinical/personal information between:

JILL SOLOMON, MFT
Marriage Family Therapist # 40159

And

Name of therapist, psychiatrist, social worker, agency, parent/guardian

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Address

Phone number

Jill Solomon, MFT #40159 guarantees that she will observe the rules of confidentiality regarding any information written, or verbal that is received under this agreement. It is understood that this exchange and/or receipt of information is intended solely for the purpose of furthering treatment.

A photocopy of this authorization shall be considered as effective and valid as this original and I understand that I have the right to receive a copy of this document.

Print Name

Signature

Date