



Claire Mercurio, Ph.D.

www.cmercuriophd.com

child, adolescent & adult psychotherapy

106 West Mission Street
Santa Barbara, CA 93101

CA License #PSY13244

(805) 570-1926

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my permission for Claire Mercurio, Ph.D. to obtain or release records and/or information about:

_____ client's full name

to or from: _____ party receiving or providing records or information

I understand that the records or information will be used only for the purpose of:

This authorization will be in effect from _____ to _____

I understand that, with a few limited exceptions, Dr. Mercurio may not obtain or release records and/or information about my self/child unless I agree to the request. I understand that I may look at the records and/or information to be released, and have a right to understand the nature of the material to be released. I understand that I give my permission for the records and/or information to be obtained from or released to only the party listed and for only the purpose listed. The permission expires on the date listed above, or I may withdraw consent at any time.

Signature of client or guardian (if client is a minor) date

Claire Mercurio, Ph.D. date