shalini mongia
marriage and family therapist

Alamo Counseling Release Form

3189 Danville Blvd, Suite 250, Alamo, CA 94507

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, ____, am currently a client of Shalini Mongia, MFT and hereby authorize and willingly give my consent to ____ to release confidential information obtained during the course of my treatment to Shalini Mongia, MFT.

This Authorization permits the release of the following information:

____Any and All Information Necessary
____ Diagnosis
____ Treatment Plan
____ Prognosis
____ Progress to Date
____ Clinical Test Results
____ Dates of Treatment
____ Patient Records
____ Summary of Treatment
____ Other

I authorize the release of the information described above for the following purpose(s):

____

____

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.

This Authorization shall remain valid for one year from the date indicated below.

SIGNATURE

I have read through the Authorization Form and authorize Shalini Mongia, MFT to release confidential information as stated.

Client or Guardian Signature: **Date:**