Brianne DeWitt Goudelock, Ph.D.
Licensed Psychologist
License #PSY 24432
409 Harvard Avenue, Suite 101
Claremont, CA 91711
Phone: (909) 293-9729

Authorization of Release and Exchange of Information

By signing this document, I, ____ (hereinafter "client or parent/guardian") hereby authorize **Brianne DeWitt Goudelock, Ph.D.,** to disclose and exchange mental health treatment information and records obtained in the course of Dr. DeWitt Goudelock's treatment of client, including but not limited to Dr. DeWitt Goudelock's diagnosis of client, to:

____
____
____

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Dr. DeWitt Goudelock has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Dr. DeWitt Goudelock at 1490 Claremont Blvd, Suite 202 Claremont, California 91711 to be effective.

This disclosure of information and records authorized by client or parent/guardian is to be disclosed for the following purpose:

____
____

The specific uses and limitations on the types of medical information to be discussed and exchanged are as follows:

____
____

Such disclosure shall be limited to the following specific types of information:

____
____

Dr. DeWitt Goudelock shall not condition treatment upon client or parent/guardian signing this authorization.
Client or parent/guardian has the right to refuse to sign this form.
Client or parent/guardian understands that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Rule, although such information may be protected by applicable California law.

This authorization shall remain valid until (date): __________________________

Signatures:

Client or Parent/Guardian: ____ Date: _________________________

Witness: ____ Date: _________________________