

**Jeff Strnad**  
**Licensed Marriage and Family Therapist #88870**  
**JS Marriage and Family Therapy PC**  
117 S. California Ave., Suite D201  
Palo Alto, CA 94306  
**(650)-427-0197**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ authorize Jeff Strnad to release information to and receive information from:

\_\_\_\_\_  
(Name of Individual and Organization)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for release: Coordination of Care\_\_\_\_ Emergency Only\_\_\_\_

Limits of release: \_\_\_\_\_  
(state "none" if none)

This release expires when the therapeutic relationship is terminated or one year from the date below, whichever is earlier, but it is revocable by Patient at any time through a written request for revocation.

**Patient Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The authorization for disclosure of information is made with informed consent. A scanned copy this release shall be considered as effective and valid as the original document.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_