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**AUTHORIZATION TO DISCUSS CASE WITH QUALIFIED PROFESSIONALS**

I understand that my therapist participates in professional educational activities, including group and individual consultations and presentations to teach others and for ongoing development of her therapeutic skills.

To do this, she may discuss clinical aspects of my treatment with other qualified professionals. I give my therapist permission to do this, and I understand that, although she may use content (including any artwork) from my sessions, no identifying information will be released without my permission.

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PATIENT'S NAME (Print Please)

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DATE

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PATIENT'S SIGNATURE

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THERAPIST'S NAME (Print Please)

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DATE

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THERAPIST' SIGNATURE