

Lindsey Beaven, PhD, FAMI, MFT (Lic. MFC 46826)  
P.O. Box 9534, San Rafael, CA 94912 • 415-902-1304

**AUTHORIZATION TO DISCLOSE INFORMATION**

I, \_\_\_\_\_  
do hereby authorize Lindsey Beaven, MFT, to disclose information  
to \_\_\_\_\_ phone # \_\_\_\_\_  
address \_\_\_\_\_  
regarding \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
I, \_\_\_\_\_  
do hereby authorize \_\_\_\_\_  
to disclose information to Lindsey Beaven, MFT phone # 415-902-1304  
address P.O. Box 9534, San Rafael, CA 94912  
regarding \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is to be used by the above named persons for treatment and consultation purposes only and is not to be released to any other person without my written approval.

This authorization is effective on the month and day it is signed and until the same month and day one year hence.

This authorization is given pursuant to the provisions of State of California Welfare and Institutions Code Sections 5328 through 5328.7. This authorization may be revoked at any time, without notice, by the person who signs below.

Signed by: \_\_\_\_\_  
Patient/s

At: \_\_\_\_\_

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