Sasha Esposito San Román
Marriage and Family Therapist, Inc.
2170 The Alameda, #300, San Jose CA 95126
Email: sashaesposito@gmail.com Website: sashaesposito.com
Cell: 408 348-3896

Licensed Marriage and Family Therapist MFC#37388

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION (for minor)

By signing this form below, I hereby give my consent for release of information between:

Sasha Esposito San Roman, M.A., MFT (MFC# 37388)
2170 The Alameda, #300, San Jose CA 95126
Phone: (408) 378-6510

and

_____
_____
_____
_____,

In regards to:

Name: _____

Social Security #: _____

Date of Birth: _____

My signature below also indicates that I understand all communication between the first two above mentioned parties may include, but is not limited to: diagnosis; legal status; results of psychological and vocational tests; pertinent summary of psychosocial and psychiatric history; treatment summary; and, medical information/test results.

I extend this authorization with the knowledge that such contact discloses the fact that my child has received and/or is receiving mental health services. This authorization shall remain in effect until such time as I withdraw it by written notification to all parties named herein.

_____ _____
Signature **Date**