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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

ľ.	a	uthorize Lanie Schachter-Snipper to:
release to:		• •
obtain from:		
exchange with:		
		
the following information perta	ining to myself:	
treatment summa	ary	
history/intake		
diagnosis		
psychological test		
psychiatric evalua		story
dates of treatmer		
other (specify)		
for the purpose of:		
evaluation/assess other (specify)		inating treatment efforts
This sourcest will automotically	overing one (1)	oftoutho doto of more construe on it
-		after the date of my signature as it ndition, or event
• •		See back for authorization extension).
	<i>\</i>	see back for admonization extension,.
I understand I have the right to	refuse to sign this f	orm, and that I may revoke my consent
at any time (except to the exter	_	
		·
		Date of Birth:
Signature of Client	Date	
		-
Signature of Witness	Date	