Lee J. Langley, M.S., MFT
28494 Westinghouse Place Suite 214
Valencia, CA 91355
(661) 297-7255

AUTHORIZATION CONSENTING TO RELEASE OF INFORMATION

I authorize Lee J. Langley M.S., MFT to discuss (verbally or in writing) at his discretion anything that has been brought up during our psychotherapy or evaluation with any person/s or staff of clinic, office, agency, or institution/s named below and receive any relevant information from them.

1. _____

2. _____

3. _____

4. _____

For the following reason(s) Consultation/Psychotherapy, _____Evaluation, _____
Other _____

I understand that I may revoke this consent at any time by submitting a request to Mr. Langley in writing. This consent is in effect only for five years from the date of the last session, unless revoked in writing or renewed. This consent is also subject to all conditions outlined in the Office Policies form.

_____ _____ _____
Name (print) Date Signature

_____ _____ _____
Name (print) Date Signature