

Behavioral Health Enhancement Services
Carl King, PhD
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Lic. #PSY 6269

CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize Carl King, Ph.D. to exchange
information with _____

pertaining to services rendered to me for _____

The disclosure of information authorized herein is required for the following purpose:

Such disclosure shall be limited to the following specific types of information:

This consent shall be effective immediately and is subject to revocation by the undersigned at any time in writing except to the extent that action has been taken in reliance hereof and if not earlier revoked, it shall terminate in one year without express revocation.

Date: _____ Client Signature: _____

Guardian, Authorized Representative: _____

Print Name: _____