

Laurie Leventhal - Belfer, Ph.D.



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**Authorization for Exchange of Confidential Information**

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

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is currently being seen by Dr. Laurie Leventhal – Belfer.

I give my permission for  an exchange of information and records between Laurie Leventhal – Belfer Ph.D., and list names and addresses).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a release of records from Dr. Leventhal – Belfer to (list names and addresses).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a release of all medical, psychological, educational, and/or other pertinent records related to the child and/or child's family to Dr. Leventhal – Belfer only.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank – you for your prompt help.

**These releases are valid for one year from the above date.**

\_\_\_\_\_

**Parent/ Guardian Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**(Witness Signature)**