Nicole Ashton, M.A., MFT, CSAT, CCPS
Certified Sex Addiction Therapist
Certified Clinical Partner Specialist
Licensed Marriage and Family Therapist MFC# 45884
3685 Motor Avenue Suite 220 Los Angeles, California 90035
Tel 310.592.8274

Authorization to Release Confidential Information

I, _____, am currently a client of Nicole Ashton, MA., MFC #45884 and hereby authorize and willingly give my consent to _____ to release confidential information obtained during the course of my treatment to Nicole Ashton, MFT

This Authorization permits the release of the following information:
____ Any and All Information Necessary
____ Diagnosis ____ Treatment Plan ____ Prognosis
____ Progress to Date ____ Clinical Test Results ____ Dates of Treatment
____ Patient Records ____ Summary of Treatment
____ Other

I authorize the release of the information described above for the following purpose(s):

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.

This Authorization shall remain valid for one year from the date indicated below.

Patient Signature Date

_____

(Patient or Patient's Representative*) Date
*If signed by other than Patient, please indicate the relationship between Patient and his/her Representative: