

**Linda England, M.A. MFT**

**License # MFC 88228**

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**AUTHORIZATION TO RELEASE INFORMATION**

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Client's Phone # \_\_\_\_\_

I request and authorize Linda England, MFT License # MFC88228 to release healthcare information of the client named above to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

This request and authorization is limited to information relating to admission, diagnosis, social history, school data, psychological or educational testing, and treatment progress for the purpose of evaluation and treatment.

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_  
\_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

This authorization will remain in effect until \_\_\_\_\_ or until cancelled by client.

Client Signature: \_\_\_\_\_

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