



LORI KANSTEINER, LMFT, LAADC

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AUTHORIZATION FOR RELEASE OF INFORMATION

Re (Client's name): _____

I, _____, hereby consent to and authorize the exchange of information regarding the named client between Lori Kansteiner, LMFT (Licensed Marriage Family Therapist), LAADC, and;

___ Referral Source; _____

___ Staff of School; _____

___ Physician; _____

___ Other; _____

___ Other; _____

___ Other; _____

___ Other; _____

Additional instructions, exclusions, etc;

Signature of Parent, Guardian, or Adult Client

Date

Printed name of Parent, Guardian, or Adult Client