JACK D. LOVE, LMFT
FORENSIC FAMILY SERVICES
CA LIC LMFT7778

AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION

I. AUTHORIZATION is hereby given for the exchange of information regarding:

_____

_____

_____

Between Jack D. Love, LMFT and:

_____

_____

_____

II. USES AND LIMITATIONS: Jack D. Love may use the information authorized on this form for the following purposes:

_____

III. DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here.

_____ Date

IV. REVOCATION: I understand that I have the right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing and will be effective upon receipt. I understand that I have the right to revoke this authorization at any time unless Jack D Love has acted in reliance upon it.

V. REDISCLOSURE: I understand that Jack D. Love may not lawfully further use or disclose the information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law and may no longer be protected by the HIPPA Privacy Rule.

Client/Parent/Guardian: _____
Signature Date

Client/Parent/Guardian: _____
Signature Date

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