

# Great Minds

T H E R A P Y

Dr. Julia Kaluga, Psy.D., LMFT, LPCC  
Licensed Marriage and Family Therapist  
Licensed Professional Clinical Counselor  
LMFT # 93579, LPCC # 3958  
Info@GreatMindsTherapy.com  
Tel: 323.304.5777

## Authorization to Release Confidential Information

I, [Name of Patient] \_\_\_\_\_  
hereby authorize Dr. Julia Kaluga, LMFT, to release confidential  
information obtained during the course of my treatment to:

\_\_\_\_\_

This Authorization permits the release of the following information:

\_\_\_\_\_ Diagnostic and/or treatment information  
\_\_\_\_\_ Progress Notes \_\_\_\_\_ Medical reports  
\_\_\_\_\_ Dates of Treatment  
\_\_\_\_\_ Other: \_\_\_\_\_

This authorization shall become effective from \_\_\_\_\_ to \_\_\_\_\_.  
I understand that I have a right to receive a copy of this Authorization, and  
that any modification or revocation of this Authorization must be in writing.  
I understand that the information will not be used for any purpose other than  
its intended use.

Signed by: (Patient or Patient's Representative) \_\_\_\_\_

Date \_\_\_\_\_



Great Minds Think Alike,  
We Help Yours Heal and Thrive!