Authorization to Exchange Confidential Information

Mitchell Rosen, L.M.F.T.

Mitchell Rosen, L.M.F.T.

- Phone: 951-541-3158
- Email: rosen@mrosenmft.com
- Fax: 951-246-2775
- Mailing address: 29991 Canyon Hills Rd. # 1709-511, Lake Elsinore, CA. 92532
- Office locations:
- 4160 Temescal Cyn Rd. #309 Corona CA 92883
- 43537 Ridge Park Dr Temecula #107
- website: mrosenmft.com

I hereby authorize Mitchell Rosen, L.M.F.T. to exchange confidential information regarding my treatment/evaluation with:

Name and function of the person(s) or entities to which confidential information is to be exchanged

This authorization permits exchange of the following information:

- [ ] Any and all information necessary
- [ ] Diagnosis
- [ ] Prognosis
- [ ] Progress to date
- [ ] Clinical test results
- [ ] Dates of treatment
- [ ] Patient records
- [ ] Summary of Treatment
- [ ] Other

If other please explain:

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

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

Submit

Your message will be encrypted.