

Laura Gardner, MFT intern
2025 Lincoln Street
Berkeley, CA 94709
510.594.4300
<http://www.holisticgardner.com>

Release of Personal Information Waiver

Name: _____ Birthdate _____
Last First Middle

Address: _____

Contact Phone: (____) _____ - _____

Email: _____

I hereby authorize the exchange of information between **Laura Gardner**, MFT intern #52187 and:

Designated Person: _____ Title: _____

Work Phone: _____

Address: _____

Correspondence Requested:

Telephone Consultation

All written records

Written treatment summary

Other: _____

Medication Consultation

I hereby release Laura Gardner and her supervisor from any and all liability arising from the release of this information.

I understand that these records may contain information of a personal nature in relation to physical, mental, psychological, and/or emotional conditions.

Note: This waiver is in effect for two years from the date of the request.

Printed Name: _____

Client's Signature: _____ Date: _____

Relationship (if client is a minor): _____

Laura Gardner's Signature: _____