

**Rudi Lion, MA, MFT
Lic.# MFT 48741**

**2020 Alameda Padre Serra, Suite 217
Santa Barbara, CA. 93103
(805) 453-4826**

AUTHORIZATION TO RELEASE RECORDS

I _____ hereby authorize Rudi Lion to exchange health records and information obtained during the course of treatment.

The disclosure of such records authorized herein is required for the following purpose(s):

Such disclosure shall be limited to the following specific information:

This consent shall expire one day after the termination of therapy unless otherwise specified.

You can request a copy of this authorization.

A photocopy of this authorization is as valid as the original.

Date _____

Signature of Client _____