

# *Beach Psychology*

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## **Authorization to Release Confidential Information**

I, \_\_\_\_\_ hereby authorize  
Beach Psychology to release confidential Information obtained during the course of  
treatment to Beach Psychology.

This authorization permits the release of the following information:

\_\_\_\_\_ diagnosis \_\_\_\_\_ treatment plan \_\_\_\_\_ progress to date

\_\_\_\_\_ prognosis \_\_\_\_\_ test results \_\_\_\_\_ documented history

\_\_\_\_\_ other (specify) \_\_\_\_\_

I authorize the release of the information described above for the purpose of:  
\_\_\_\_\_

I understand that I have a right to receive a copy of this authorization and that  
I may revoke or modify this authorization at any time and in writing. This shall  
remain valid until \_\_\_\_\_ (expiration date)

Signed by: \_\_\_\_\_ Date \_\_\_\_\_

Please E-mail completed form to: [kellywarren100@gmail.com](mailto:kellywarren100@gmail.com)