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Records Release

Date

Name

Social Security Number

I hereby authorize Langer Psychotherapy:

- To exchange information with _____
- To release information to _____

Address/Phone: _____

Such information is limited to:

- All information pertaining to my diagnosis and treatment
- The following specific information: _____

This release pertains to the period from:

- The beginning of treatment and ongoing
- _____ to _____

Signature of Patient or Legal Guardian Date

Witness Signature Date