

***Alisa Ruby, M.A., MFTI***

9171 Wilshire Blvd. #600

Beverly Hills, CA 90210

(310) 806-3049

www.alisaruby.com

**CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

By signing this document, I, \_\_\_\_\_ hereby authorize Alisa Ruby,

M.A. to disclose information and records on **myself** (other: \_\_\_\_\_)

obtained in the course of diagnosis and/or treatment to:

Name, Agency, School, or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

I understand that any cancellation or modification of this authorization must be in writing. I also understand that this information may not be released to any other person or organization without my permission in writing. A photocopy of this authorization shall be considered valid.

I give permission to Alisa Ruby, M.A. and the agency/person listed above to share the following information:

\_\_\_\_\_ Educational

\_\_\_\_\_ Psychiatric

\_\_\_\_\_ Medical

\_\_\_\_\_ Social

\_\_\_\_\_ Psychological

\_\_\_\_\_ Psychometric (testing)

\_\_\_\_\_  
Signature of Client/Parent/Guardian

\_\_\_\_\_  
Date