



JAMI FALETTI
COUPLES THERAPIST
MA | MFT

INFORMATION RELEASE

I, _____, hereby authorize my therapist, Jami Faletti, MA MFT, to exchange confidential information regarding my treatment with _____.

This authorization permits the exchange of the following information:

- Any and All Information Necessary
- Diagnosis Treatment Plan Prognosis
- Progress to Date Clinical Test Results Dates of Treatment
- Client Records Summary of Treatment Other

I understand that I have a right to receive a copy of this authorization.

I also understand that any cancellation or modification of this authorization must be in writing.

Client Signature

___/___/___
Date

Jami Faletti MA, MFT

___/___/___
Date