



DISCOVER, GROW, HEAL.....

Discover Healthy Ways to Navigate Stressful Times....

Collins Psychological Therapy & Consulting, Inc.
5190 Governor Dr., Suite 104
San Diego, California 92122
858-536-8985
www.mindfultherapydoc.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give permission to Dr. Linda Collins to release information about my psychological diagnostic assessment and/or treatment to:

- _____ No one
- _____ My Insurance Company_____
- _____ Dr. _____ Phone # _____
- _____ Dr. _____ Phone# _____
- _____ Other _____ Phone# _____

Signed _____ Date _____

AUTHORIZATION TO RECEIVE TREATMENT INFORMATION

I hereby give permission to Dr. Linda Collins to obtain prior or current treatment information about me from:

- _____ No one
- _____ Dr. _____ Phone # _____
- _____ Dr. _____ Phone# _____
- _____ Other _____ Phone# _____

Signed _____ Date _____

*Please note: This release can be revoked at any time and is only in effect for the duration of your psychological treatment with me