

**Nicole Ashton, M.A., MFT**  
Licensed Marriage and Family Therapist MFC# 45884  
2550 Overland Avenue, Suite 100 Los Angeles, California 90064  
Tel 310.592.8274

**Authorization to Release Confidential Information**

I, \_\_\_\_\_, am currently a client of Nicole Ashton, MA., MFC #45884 and hereby authorize and willingly give my consent to \_\_\_\_\_ to release confidential information obtained during the course of my treatment to Nicole Ashton, MFT

This Authorization permits the release of the following information:

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

I authorize the release of the information described above for the following purpose(s):

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.

This Authorization shall remain valid for one year from the date indicated below.

---

Patient Signature

Date

---

(Patient or Patient's Representative\*) Date

\*If signed by other than Patient, please indicate the relationship between Patient and his/her Representative: