

KAREN ROSE, MFT  
LICENSE #MFC 19122  
2140 SHATTUCK AVENUE, SUITE 503  
BERKELEY, CA 94704  
510.486.1188  
303-617-3668 FAX

**AUTHORIZATION CONSENTING TO RELEASE OF INFORMATION**

I authorize \_\_\_\_\_ to release

\_\_\_\_\_ to any person/s or staff of clinic,  
office, agency, or institution/s named below and receive any relevant information from them.

- |          |        |
|----------|--------|
| 1. Name: | Phone: |
| 2. Name: | Phone: |
| 3. Name: | Phone: |

For the following reason(s):

\_\_\_\_\_ Consultation/Psychotherapy,  
\_\_\_\_\_ Evaluation,  
\_\_\_\_\_ Other: \_\_\_\_\_

I may revoke this consent at any time. This consent is in effect only for five years from the date of the last session, unless revoked in writing earlier or renewed. This consent is also subject to all conditions outlined in the Office Policies form.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature