



11340 West Olympic Blvd. • Suite 210 • Los Angeles, CA 90064 • (310) 721-2119 • dorit@doritreichental.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
Social Security # _____ hereby authorize:

Name of facility releasing information: _____

Facility address: _____

To release my records to:

Name of Facility/Individual/Company:

Dorit Reichental
RelationshipWorks™ Life Coaching, LLC
11340 West Olympic Blvd. • Suite 210
Los Angeles, CA 90064

For the purpose of: **Involvement in Coaching Process**

This consent will expire on _____ or not more than one (1) year following the date of signature. I understand that I may revoke this consent at any time except to the extent action has been taken in reliance thereon. I agree that no legal responsibility or liability of any nature shall attach to Dorit Reichental ACC, CPC, CSAT-2 or psychotherapist or physician in action upon this authorization and request.

Witness

Patient

Date

Parent or Guardian when Applicable

I understand that my records are protected under Federal Confidentiality Regulations (42CFR) and cannot be disclosed without any written consent unless otherwise provided for the regulations.