

Reach Your Goal Now with Dr. Cio Hernandez

Rocio Hernandez, MFT•Hernandez Family Counseling DBA Reach Your Goal Now

Private Practice and Consultation Services, Doctorate in Health Care Leadership, CA Lic.#

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Release of Information Authorization

Client Name:

Date of birth:

Address:

Street

City

State

Zip

I and/or

(parent/guardian) hereby authorize and request:

Name of Attorney/Firm/Provider:

Address:

Street

City

State

Zip

To disclose and receive the following information with the office of Hernandez Family Therapy Inc., Reach Your Goal Now for the purpose of completing my psychological evaluation and report and/or



Please include only items checked:

All pertinent information related to my psychological records

Legal Information

HIV Status

Discharge Summary

Psychotherapy Notes

Social History

Substance Use/Abuse/Dependence

Evaluations/Assessments

Other:

Expiration Date:

Would you like a copy of this form? Yes No

Indicate if consent for release of information occurred electronically

Client's Signature

Date:

Signature of parent or legal guardian

Date:

Witness Signature

Date:

