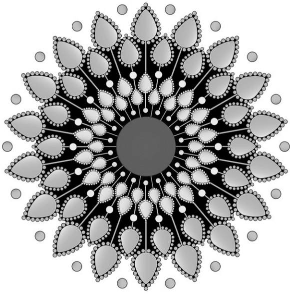

Dr. Jamie Walker

Licensed Clinical Psychologist
Registered Yoga Teacher

OFFICE
15366 140th PL NE
Woodinville, WA 98072

PHONE
425-283-2674

EMAIL
jamietwalker@gmail.com

WEB
www.KamalaMindBody.com

Authorization for Release or Exchange of Information

I, ________________________________hereby authorize and request ________________________________to:

(Please check which type of information exchange applies)

_______ Disclose the following information:________________________
____

_______Exchange the following information:________________________
____

To/With:____
____

For the following purpose(s):______________________________________
____

I understand that my records contain information regarding my mental health. This may contain information about substance abuse treatment. I give specific permission for this information to be released. I understand that my records are protected under Washington and Federal law and cannot be disclosed without my written consent unless otherwise provided for by law.

This authorization expires on__________or in six months. I understand that I may revoke this authorization in writing at any time.

____
Client Printed Name

____
Client Signature (Client's Parent/Guardian if under 18)

____
Today's Date Client's Birthdate

____
Client's Address