Janice Brown-Silveira, M.A. LLC

Licensed Marriage and Family Therapist
1325 Airmotive Way #175S Reno NV 89502
Phone: (775) 771-3866

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Patient name _____ Date of Birth_____

Address_____
Street city state Zip

I, _____ (Patient, Parent, or guardian) authorize the exchange of the following information between

_____
Name Address

_____
City State ZIP

_____
Telephone Fax

And
Janice Brown-Silveira, M.A. LLC
Licensed Marriage and Family Therapist
1325 Airmotive Way #175S Reno NV 89502
Phone: (775) 771-3866

Information which may be released: (initials needed for each item to be included)

_____ **Behavioral health and psychotherapy records**
_____ **Other** _____

The purpose of this authorization is: (initials needed for each item to be included)
_____ **Continuity of Care**
_____ **Collaboration of Care**
_____ **Other** _____

With the exception of the above limitations, the above named professionals are authorized to exchange information regarding any and all academic, social, medical, and psychological records in their possession. I understand that any electronic transmission of this information, whether by cellular phone, e-mail, or fax machine poses a risk to my privacy, as these devises are not secure and there is ultimately no control over information communicated in this manner. I understand that this authorization may be revoked by myself, in writing, at any time, except to the extent that action already has been taken in reliance thereupon.

This authorization expires on _____

_____
Signature of patient, parent or guardian date

_____
Witness and/or therapist date