

## Gail Simpson, LCSW

Retired from: 4281 Katella Avenue, Ste 226, Los Alamitos, CA 90720  
web: <https://www.GailSimpsonLCSW.com>

## Mail records request to:

Records Request Gail Simpson, LCSW  
151 Kalmus Drive Ste B-220  
Costa Mesa CA 92626

## **AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION**

I, \_\_\_\_\_ authorize

Gail Simpson, LCSW, formerly located at 4281 Katella Avenue, Ste 226, Los Alamitos, CA 90720  
To release and exchange psychological information which may have been acquired in a professional  
capacity concerning my evaluation and/or treatment to:

Name \_\_\_\_\_

**Address** \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand that I may revoke this consent to release information by written communication. I also understand that any release which was made prior to my revocation and which was based upon this authorization shall not constitute a breach of my right to confidentiality.

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Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

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**Authorization Date**

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Parent, Guardian, or Legal Representative

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**Authorization Date**

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**Client Address:**

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Gail Simpson, MSW, BCD

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Date

Licensed Clinical Social Worker LCSW9251

Diplomate and Fellow, Academy of Cognitive and Behavioral Therapies

**Important Note: do not send this form through email. It is not a protected form of communication.**