

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.

Client Signature ____/____/_____
Date of Birth _____
Authorization Date

Parent, Guardian, or Legal Representative _____
Authorization Date

Client Address:

Gail Simpson, MSW, BCD _____
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.