Alex Guthrie, MFT (MFC #47429)
3101 Fourth Avenue
San Diego, CA 92103

phone: (619) 955-0543
fax: (619) 542-0332

RELEASE OF INFORMATION

I, _____ authorize the release of:

A. psychological, educational or social information pertaining to my treatment

B. the following information: _____

to _____

address: _____

city: _____ state: _____ postal code: _____

phone: _____

In addition I also authorize: _____ to release:

A. any relevant information which may pertain to me to Alex Guthrie, MFT

B. the following information: _____

to Alex Guthrie, MFT is hereby released from all legal liability that may arise from the release of

information requested. I understand that I may receive a copy of this authorization.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Date at which authorization is no longer valid: _____