

Diane Byster, LMFT, NCC, RYT

Licensed Marriage and Family Therapist, Career Consultant and Registered Yoga Teacher

667 Lytton Street, Suite #7, Palo Alto, CA 94301 • 1543 Shattuck Ave., Suite 203, Berkeley, CA 94709-1572
650-482-9577 • Diane@Byster.com

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize an exchange of verbal, recorded, and/or written information between Diane Byster, LMFT and:

Name: _____

Address: _____

Phone Number: _____

for the purpose of _____

_____.

This authorization will expire on _____, or if this line is left blank, one year from date of signature below.

In addition, I may revoke this authorization in writing at any time, except to the extent that action has already been taken.

Client's Signature

Print Name Here

Client's Signature

Print Name Here

Date Signed

Therapist's Signature

Diane Byster