

**Diane Byster, LMFT, NCC, RYT**

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

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**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_,  
hereby authorize exchange of verbal, recorded, and/or written information between

Diane Byster, LMFT, NCC, RYT

—*and*—

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For the purpose of:

This authorization will expire one year from date of signature, on \_\_\_\_\_.

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

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Diane Byster, Therapist

\_\_\_\_\_  
Date