

Release of Information Form

James J. Sanders, LMFT, LPC, CCMHC
Licensed Marriage and Family Therapist, Lic. #40061
Cell (949) 636-7529
www.sanderstherapy.com
James@SandersTherapy.com

I _____,
Client/Parent/Guardian (please circle)

Authorize James J. Sanders, LMFT, to release/obtain information to/from:

This information is for the sole purpose of continuity of professional care for

_____.

I understand I can revoke this authorization at any time with written notice to James J. Sanders
Licensed Marriage and Family Therapist.

Signature: _____ Date _____

Signature: _____ Date _____

James J. Sanders, LMFT, LPC, CCMHC _____ Date _____

30211 Avenida de las Banderas, Suite, 200
Rancho Santa Margarita, CA 92688