

Authorization to Release and Exchange Information

I hereby authorize: Ursula Ridens, RD Inc.
Ursula Ridens, RD
5520 Wellesley Street, Suite 100
La Mesa, CA 91942
(619) 993-7895 Fax (619) 369-4566

to release and/or exchange information regarding diagnosis, treatment, and prognosis for:

- Physical injuries, illnesses, and conditions
- Psychological or psychiatric illnesses or conditions
- Alcohol or other drug-related conditions

regarding: X _____ X _____
(Client Name) (Date of Birth)

to/with: X _____
(Name)

 X _____
(Address) (City, State, Zip)

 X _____ X _____
(Phone) (Fax)

This information is required for: Coordination of care
and is limited to: or _____
 Relevant clinical information
or _____

Please forward medical records Yes No

 X _____
(Print Client Name)

 X _____ X _____
(Client's Signature) (Date)

 X _____ X _____
(Parent or Legal Guardian's Signature if Client is Minor) (Date)

Renewed: _____
(Client's Signature) (Date)

Renewed: _____
(Client's Signature) (Date)