



BRI BECK MFTI
Marriage and Family Therapist Intern

4505 Wasatch Blvd., Ste. 190,
Salt Lake City, UT 84124
801.998.2099
Bri@SaltLakeTherapy.net

Authorization to Exchange Confidential Information

I, [Client Name] _____ hereby authorize
[Therapist Name] _____ to exchange
confidential information obtained during the course of my therapy with [Name of the person or
entity to whom information is to be exchanged] _____

This Authorization permits the exchange of the following information:

- | | | |
|--------------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Progress to Date |
| <input type="checkbox"/> Prognosis | <input type="checkbox"/> Clinical Test Results | <input type="checkbox"/> Treatment Dates |
| <input type="checkbox"/> Any and All Information | | |
| <input type="checkbox"/> Other (Specify) _____ | | |

I authorize the exchange of the information described above for the following purpose(s):

I understand I have a right to receive a copy of this Authorization, and that any modification or
revocation of this Authorization must be in writing.

The authorization shall remain valid for one year or until: _____

Client Name and Signature

Date

Client Name and Signature

Date

Therapist Signature

Date