Lisa M. Bernstein, LCSW-C, M.S. **MARYLAND LICENSE #10715** TAX ID #20-5962592 (301) 590-0115

	AUTHORIZATION FORM	
This form when completed and signed by	you authorizes me to release protected information from your clinical record.	
l,	, authorize my therapist, Lisa Bernstein, LCSW-C, to release and exchange	
information with all counselors and healt	n practitioners involved in my care.	
Signature of Client/Representative	Date	