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 child's clinical record.

I, _____, authorize his/her therapist, Lisa Bernstein, LCSW-C, to release and exchange information with all counselors and health practitioners involved in the care of my child, _____, in the interest of his/her mental and emotional health and education.

Signature of Parent _____ Date_____