Mudita A. Bahadur, Ph.D.
Licensed Psychologist (PSY #16617)
1137 2nd Street, Suite 213
Santa Monica, CA 90403
(310) 463-7913

Authorization to Disclose Protected Health Information

Client's name: _____

Date of Birth: _____

I, _____, hereby authorize Dr. Mudita Bahadur to release and receive my protected health information as described below from and to:

Agency/Person_____

Address _____

Phone: _____

Fax: _____

Information to be disclosed: _____

Purpose of disclosure: continuing or coordinating care/ Insurance coverage/ securing payment/ personal use

Information to be received: _____

This authorization may be revoked at any time by written notification. I release Dr. Bahadur from any liability arising from the release of this information to the designated person or agency.

_____ _____
Signature of Client Date

_____ _____
Signature of other responsible party (if necessary) Date