

**Laini Golden, LCSW**  
 BBS License # LCSW 65008  
 3416 American River Drive, Suite B  
 Sacramento, CA 95864  
 (916) 572-7544

**CONSENT TO RELEASE INFORMATION**

I authorize the exchange of written and oral information from the following listed parties to Laini Golden regarding, \_\_\_\_\_ for the purpose of assessment and ongoing psychotherapeutic treatment.

Name	Address	Phone

This authorization shall remain in full effect for two years from signatures unless revoked by the undersigned in writing. The client has been advised of the right to receive a copy of this form.

\_\_\_\_\_  
 Signature and Date

Please send records to:                      Laini Golden, LCSW  
 3416 American River Drive, Suite B  
 Sacramento, CA 95864  
 Fax (916) 972-9500