

**jenifer l. culver, ph.d.**  
**clinical psychologist**

(650) 468 4010  
4966 el camino real, suite 105  
los altos, california 94022

california license PSY19242  
j.culver@comcast.net  
EIN: 06-170691

**Authorization for Release of Information**

I, \_\_\_\_\_, hereby authorize Dr. Jenifer Culver to release the clinical records and information pertaining to my mental health history, treatment, and services rendered to \_\_\_\_\_.

I understand that this authorization will become effective immediately and will remain in effect until termination of therapy with Dr. Culver unless I request otherwise. I may withdraw this consent at any time. If withdrawn, I understand that Dr. Culver may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I also agree to pay any fees, if applicable, associated with copying, reviewing, and mailing of records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Additional Release of Information**

*Complete to allow your other provider(s) to consult with me, if applicable.*

In addition, authorize \_\_\_\_\_ to release clinical records and information pertaining to my mental health history, treatment, and services rendered to Dr. Jenifer Culver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_