Mimi Leung-Pang, LMFT, BCPCC
MFC 31360, NPI 1679673370
39111 Paseo Padre Parkway, Ste 215
Fremont, CA 94538
(510) 996-8685
Email: *mimi-lmft@mfc-c.net*

Consent To Release/ Exchange Information

PATIENT NAME _____ DOB _____

I,_____authorize
(Patient or Parent/ Legal Guardian)

Mimi Leung-Pang, LMFT

to release the specific information as follows:

1. to disclose to / exchange with _____
(Professional)

2. Length of time the information will be kept before being destroyed or disposed of :

_____

3. I understand that I may revoke this authorization at any time.

_____ _____
(Signature of Patient) (Date)

_____ _____
(Signature of Parent/ Legal Guardian) (Date)