

**DIANA GUEST, M.A., M.F.T.**

MFC # 31177

1767 Grand Ave. Suite 4

San Diego, CA 92109

(858)274-1662

**CONSENT FOR RELEASE OF PROFESSIONAL INFORMATION**

Patient's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

I hereby authorize Diana Guest, M.A., MFT to secure and release psychological, medical, social, educational and other clinical information regarding the patient named above. This authorization for an exchange of information applies only to the following individual or institution:

Name/  
Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Signer (Please print) \_\_\_\_\_

Relationship to patient: \_\_\_\_\_