

# Robin Sax

287 S. Robertson Blvd. #375  
Beverly Hills, CA 90211

## Authorization for Release of Medical/Confidential Information

Client's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

I, \_\_\_\_\_ and/or \_\_\_\_\_  
name name

Authorize \_\_\_\_\_  
Releasing Agency Telephone

To Exchange Information with: Robin Sax, JD & MSW  
287 S. Robertson Blvd #375  
Beverly Hills, CA 90210  
(310) 590-3929

The following information, with the knowledge that such contact discloses my services. The disclosure of records is required for evaluation, treatment planning or for the following purpose:

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon, and if not earlier revoked, this consent expires on \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_  
Date \_\_\_\_\_ Client/Parent/Guardian Client/Parent/Guardian