

# Antonia Noble Ludwig Psy.D. MFT

5655 Lindero Canyon Rd #225, Westlake Village CA 91362 805 231 8162 [www.westlakepsychotherapy.com](http://www.westlakepsychotherapy.com)

## Release of Information

### Authorization for Disclosure of Confidential Health Information

Client Name ..... Date of Birth .....

I hereby authorize Antonia Noble Ludwig, Psy.D., MFT to release and disclose information with:

Name .....

Address .....

Phone .....

Reason for information to be released: .....

I understand I have a right to receive a copy of this authorization and that any cancellation or modification of it must be done in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. I also understand that such revocation must be done in writing and received by Provider to be effective.

The specific uses and limitations on the uses of my health information by Recipient are as follows:

I understand that the health information disclosed pursuant to this authorization may be subject to re-disclosure by Recipient and that the Federal Privacy rule may no longer protect such information, although the re-disclosure of such information may be protected by applicable California Law.

Provider is authorized to disclose the protected health information specifically listed above until

By ..... Date .....

Patient or Patient's Representative