

RENEE A. COHEN, Ph.D.
Licensed Psychologist PSY 6954
Clinical & Forensic Psychology
Offices in West Los Angeles & Redondo Beach
(424) 259-2113

Mailing Address:
P.O. Box 3280
Santa Monica, CA 90408

RELEASE FOR EXCHANGE OF INFORMATION

_____	_____
Print Patient Name	Date of Birth
_____	_____
Print Patient Name	Date of Birth

hereby authorize the exchange of my information between:

Renee A. Cohen, Ph.D.
P.O. Box 3280
Santa Monica, CA 90408
(424) 259-2113

and

Name: _____

Name: _____

Name: _____

Name: _____

Signature Date

Signature Date

This release will expire one year from the date of signature. The patient /or representative may revoke the release at any time in written form.