

Burt Bertram, Ed.D.

Licensed Marriage and Family Therapist (0145)
Licensed Mental Health Counselor (0863)

525 Sheridan Blvd Orlando, FL 32804

Ph: 407-399-2344 (Cell)

Email burt@burtbertram.com

AUTHORIZATION

To RELEASE, DISCLOSE or DISCUSS CONFIDENTIAL INFORMATION

I / We do hereby authorize Dr. Burt Bertram, LMHC, LMFT to consult with, provide and/or receive a summary of my treatment, either written or verbal to:

This authorization becomes effective on _____ (Date) and extends until _____ (specify date if applicable).

I / We understand this authorization may be revoked in writing, at any time, and that upon such notification, no additional consultation or information exchange will occur between the named professionals in this document.

Signed: _____
Client

Date: _____

Client

Date: _____

Client

Date: _____

Burt Bertram, EdD, LMFT, LMHC

Date: _____

- A photocopy of this authorization shall be considered valid.