

RELEASE OF INFORMATION FORM

I, the undersigned request that Laura Darke, Ph.D. located at 1033 Gayley Ave., Suite 107, Los Angeles, CA 90024, release information to:

This release is limited to the above person or agency yet permits two-way communication between the above listed parties.

This release is meant to cover information relevant and limited to my patient care. This may include test results, lab reports, written clinical notes/reports, verbal communication and treatment planning.

This release can be revoked by me at any time, yet unless revoked, does not expire.

Signature

Printed Name

Date