

Lux Therapy Center
Bijal Patel LLC

70 Park St. Ste 104, Montclair, NJ 07042

Ph: 856-712-0137 / 973-233-1000 F: 973-233-1001 Bijal@luxtherapycenter.com

Authorization to Release Information

I, _____, hereby authorize Bijal Patel to release/obtain information contained in my or my child's _____ records to and/or from the following individual(s) and/or

Child's Name

organization(s), and only under the conditions listed below.

Name of person(s) or agency(ies) to use, disclose or exchange information:

Name: _____

Address: _____

City/State/Zip: _____

For the purpose of :

Information and records requested:

This consent is subject to revocation at any time and will automatically terminate in one year.

Signature of Client _____ Date _____

Signature of Witness _____ Date _____