



Family Legacy Therapy PC

1350 W Robinhood Drive Suite 7
Stockton CA 95207
209 659-3350

9. Release of Confidential Information for CPS

Client Full Name:

How might my information be shared upon enrolling in treatment:

I hereby authorize Family Legacy Therapy PC and any agent, designee, or representative of Family Legacy Therapy PC to exchange any medical, psychological and/or family and social information, reports, and/or records in his/her possession with the Department of Human Services (CPS) to comply with my mandated treatment. I also give my permission for consultation and treatment coordination including progress information both verbal and written between Family Legacy Therapy PC clinical staff and my social worker at the Department of Human Services (CPS):.

Client Signature and Date: