



of South Florida

**Dr. Celeste Catania-Opris, Ph.D., LMFT**

**954-655-0718**

**Authorization for Disclosure and/or Receipt of Information**

**Name of Client:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, hereby authorize Dr. Celeste Catania-Opris, Ph.D., LMFT to disclose and/or receive the following protected health information regarding the above named client. *(Please list and describe the specific details to be released)*

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Please write the name of the person or agency that may receive or supply this protected health information:

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This protected health information may be disclosed or received by email or telephone for the following reasons: *(Please explain below)*

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This authorization will be deemed effective until:

Date: \_\_\_\_\_

I understand that I have the right to revoke this authorization by sending written notification to:

**Therapy for The Modern Housewives of South Florida, Inc.**

**7401 Wiles Road, Suite 221**

**Coral Springs, FL 33067**

\_\_\_\_\_

Signature of Client/Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Therapist

\_\_\_\_\_

Date