



Kathleen Hagino, Psy.D.

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Individual Therapy
for Children, Teens,
and Adults

Licensed Psychologist: PSY19528

4 Main Street, Suite 110 * Los Altos, CA * 94022

Release of Information

Client / Child's Name _____

Date of Birth _____

I authorize the exchange of information between Kathleen Hagino, Psy.D., and the individuals/agencies listed below. I understand this authorization is voluntary and the information to be disclosed is protected by law. This authorization may be revoked in writing at any time and will expire in one year from the date of signature below. Any re-disclosure of information by the recipient is prohibited without the express written consent of the client/parent/guardian listed below. This release includes all educational, psychological, and medical records unless otherwise specified. Dr. Kathleen Hagino may exchange information with:

Person or Agency	Role in Client's Life	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of adult client/parent/legal guardian

Date

Relationship to client

Signature of adult client/parent/legal guardian

Date

Relationship to client