

**ELENA STORER, MFT, PHD**

MFT 28129

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**4148 24TH Street, San Francisco, CA 94114  
632 Frederick Street, Santa Cruz, CA 95062  
650-868-7142**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, We \_\_\_\_\_  
*Please print*

authorize Elena Storer, MFT, PhD to discuss treatment issues and exchange information pertinent to my treatment with:

\_\_\_\_\_  
*(please insert name, relationship to you and phone number)*  
\_\_\_\_\_.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_