

**Joseph G. Girillo**

Licensed Marriage & Family Therapist, # MFT 85895

(951) 206-1548 / Email: [jgirillo@runbox.com](mailto:jgirillo@runbox.com)

967 E. Colorado Blvd., # 61096

Pasadena, CA 91116

**Consent to Obtain or Release Information**

I, \_\_\_\_\_, hereby request and give permission for  
(patient name)

Joe Girillo, LMFT, to contact:

(name of provider) \_\_\_\_\_

(organization) \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_ fax \_\_\_\_\_

for the purpose of obtaining or disclosing information about me.

I also request and give permission for my past provider listed above to speak to and release copies of all records and information concerning my treatment under your care to

**Joe Girillo, LMFT**

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(951) 206-1548 [JGIRILLO@RUNBOX.COM](mailto:JGIRILLO@RUNBOX.COM)

for the purpose of continuing treatment and diagnosis.

\_\_\_\_\_

Date \_\_\_\_\_

(Printed name of patient)

\_\_\_\_\_

(Patient's signature)

\* This release is good for six months from the date signed above.