

**RAWNA CHERI ROMERO, LMFT**  
2282 Union Street, San Francisco, CA 94123  
909 Marina Village Parkway, #493, Alameda, CA 94501  
(415) 533-9724

**CONSENT FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ permit a release and/or exchange of information or correspondence  
**between Rawna Cheri Romero, LMFT and:**

NAME \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**I authorize the following types of exchange:**

- \_\_\_ Phone consultation
- \_\_\_ Written treatment summary
- \_\_\_ Exchange of other information related to my treatment

I hereby release Rawna Cheri Romero, LMFT from any and all liability arising from the release of this information. I understand that these records may contain information of a personal nature relating to physical, mental, psychological and/or emotional conditions.

\_\_\_\_\_  
Signed by (*circle one*): CLIENT, PARENT or GUARDIAN Date

\_\_\_\_\_  
Signed by (*circle one*): CLIENT, PARENT or GUARDIAN Date

\_\_\_\_\_  
Requested by Title