

Linda Piantieri, MA, NCC, 407-719-2525  
Licensed Marriage & Family Therapist Licensed Mental Health Counselor  
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**Authorization for Release of Information from  
Linda Piantieri**

Client Name: \_\_\_\_\_

I hereby authorize Linda Piantieri, LMHC, LMFT, to release and/or exchange any and all information she possesses relating to my evaluation(s), treatment and diagnoses, including psychiatric and psychological information, alcohol and/or drug abuse status, and HIV/AIDS status which may be a part of the therapists records to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

date

Signature of parent or legal guardian \_\_\_\_\_

date

Signature of client \_\_\_\_\_

date