Psychotherapy Practice of

Dr. Kim Dixon

TEL: 925-864-5018 E-MAIL: DR.KIMDIXON@GMAIL.COM LICENSE #21999

This release of information authorize Dr. Dixon and the below listed individuals to share information. It is strongly encouraged that you list all current members of your treatment team, including medical professionals, mental health professionals, spiritual leaders and family members. While you are primarily responsible for coordinating with your treatment team, having a signed release can help facilitate continuity of care.

I, _____, authorize the below individuals or agencies to share information with Dr. Dixon.

Name	Relationship	Phone Number	Initials

_____ _____

Print Name Date Print Name Date

_____ _____

Signature Date Signature Date

2723 Crow Canyon Road #214 • San Ramon • CA • 94583