Nina Unger, RN, LCSW
License #23159
2011 P Street, Suite 301
Sacramento, CA 95811
916-717-8579

Patient Authorization for Release of Medical Information

I, _____, hereby authorize Nina Unger, RN, LCSW to release/obtain information in my records, including diagnoses, treatment information, and other notations, to/from _____. I also authorize _____ to discuss my treatment if appropriate. This released information may be solely used for purpose of clinical and medical treatment. This authorization is valid from _____ to _____.

Signed: _____

Dated : _____