

# Michael D. Lynch, LMFT

101 Cambridge St. Suite 365  
Burlington, MA 01803  
(617) 334-7727



## Authorization to Obtain/Release Confidential Information

Client Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the release of confidential information to and from Men's Center New England, LLC / Michael Lynch LMFT (#1768), to and from the following individual, agency or entity for the purpose of assessment, treatment and diagnosis. Any limitations on information exchanged are noted below:

Recipient Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Limitations or Exclusions: \_\_\_\_\_

\_\_\_\_\_

Signature of client (or parent/legal guardian of minor child)

Date

Expiration: This authorization will be valid for a period of one year from the date signed or 30 days post termination but may be rescinded at any time in writing.

Please release any information to Michael D. Lynch, LMFT to the below address.

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