



**Dr. Sara Saatchi
Clinical Psychologist**

Sara M. Saatchi, PsyD
4 Main St. Suite #110
Los Altos, CA 94022
PSY23353

Client / Child's Name _____

Date of Birth _____

I authorize the exchange of information between staff of Sara M. Saatchi and the individuals/agencies listed below. This authorization may be revoked in writing at any time and will expire in one year from the date of signature below. Any re-disclosure of information by the recipient is prohibited without the express written consent of the parent/guardian listed below. This release includes all educational, psychological and medical records. The Pratt Center may exchange information with:

Person or Agency	Role in Client's Life	Email / Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Signature of adult client / parent / legal guardian	Date	Relationship to client

_____	_____	_____
Signature of adult client / parent / legal guardian	Date	Relationship to client