Berkeley Psychological Services
10821 S. Meads Ave.
Orange, California 92869
(714) 771-2325

ASSIGNMENT AND RELEASE

I hereby authorize and direct my insurance benefits to be paid to my Doctor. I am financially responsible for non-covered services. I also authorize the Doctor to release any information required.

_____ _____

Insured Signature Date

_____

Patient Name

Dr. Judy Linnan, Ph.D.
Director
License# RP71

Tax ID# 95-3659543