CONSENT FOR RELEASE OF INFORMATION/RECORDS

Client Name _____ Social Security #_ _ _ - _ _ - _ _ _ _ Date of Birth _____

Address_____
Is client a minor? Yes __ No __

Signature of Parent/Legal Guardian/Authorized Representative_____
My signature indicates that I have legal custody or guardianship and am fully authorized to release these records.

I, (print)_____ do hereby consent to authorize my/my child's records to be disclosed:

BETWEEN; (Fill in psychologist's name below) Dr. Daniel Werner, Dr. Jilda Hodges- Ulicny, Dr. Stacy Martin, Ms. Ilsa Loetzbeier, Dr. Lorraine Dorfman, Dr. Seith Schentzel or Dr. Jaana Lehtinen.

Psychologist's name_____ of Lehigh Psychological Services,
5920 Hamilton Blvd. Suite 103 Allentown, PA 18106 Phone 610-395-5188 FAX 610-395-0466

AND: (Specify **Individual's name**) _____

OF: (Specify **hospital, office, school, group practice name, etc.)**_____
Address:
_____ Phone_____ FAX _____

Information from within my record relating to my identity, diagnosis, prognosis, or treatment
FOR THE PURPOSE OF: (check all that apply)

__Psychiatric Evaluation __Psychological Evaluation __Discharge Summary

__School Records __Family Assessment __Consultation Report

__Attorney Consultation __Compliance with Court Order __Insurance Review/Claim

__Verbal Communication with_____ __ E-mail_____

PROTECTED INFORMATION: I understand that there may be specific documentation within my record which may be protected under the Confidential Alcohol & Drug Abuse Patient Information Act, 42 C.F.R. Part II, PA Mental Health Procedure Act, or Confidentiality of HIV-Related Information Act, PA Law Act 148. My signature acknowledges my awareness of this fact.

EXPIRATION NOTICE: This consent may be terminated at any time by providing our office with signed written notice. This consent will automatically **expire 1 ye**ar from the date on which it is signed.

Date:_____ Client 14 years old and older Signature_____

Date: _____ Parent or Legal Guardian _____

Date:_____ Witness Signature _____

Lehigh Psychological Services 5920 Hamilton Blvd. Suite 103 Allentown, PA 18106 Tel: 610-395-5188