



Meyer Therapeutics, PLLC - Release of Information

I, _____, authorize Lauren Meyer, PhD, LP, NCSP to:
_____ release to (initial) _____ obtain from (initial) _____ exchange with (initial)

Name of Individual or Agency

Address **City** **State** **Zip Code**

Phone Number

Fax Number

the following information (please initial all that apply):

_____ treatment summary _____ letters/correspondence
_____ clinical records/notes/dates of attendance _____ psychological test results
_____ phone communication _____ other (specify)

for the purpose of (please initial all that apply):

_____ continuity of care _____ legal
_____ academic _____ other (specify)
_____ insurance claim _____



If you have specific instructions or requests for “Information Authorized,” please share here:

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event:

After giving due consideration to the extent of this release, I authorize Lauren Meyer, PhD, LP, NCSP to furnish information, including photo-static copies of my psychological records concerning my treatment, to the above individual, organization, or to its agents. I further agree to indemnify and hold harmless Lauren Meyer, PhD, LP, NCSP from all liability that may arise from the release of the information herein requested. Any information released in response to this authorization should not be re-released to any other person(s) unless I so specifically authorize.

I understand that the records released may contain alcohol and drug treatment information, medical information, AIDS/HIV information, or psychiatric and psychological information. I understand that my records may be protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Client Records, 42, CFR Part. 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Client Name: _____ Date of Birth: _____

Client Signature: _____

Guardian Name (if client is a minor): _____

Signature of Guardian: _____ Date: _____

Guardian Name (if client is a minor): _____

Signature of Guardian: _____ Date: _____

Date: _____

Lauren Meyer, PhD, LP, NCSP