Professional Psychological Associates

3745 Shawnee Road, Suite 105, Lima, OH 45806

419-999-2024 limatherapists.com

Permission is hereby given to Professional Psychological Associates:

Release ( ) Receive from ( ) Exchange with ( )

Name ____

Address ____ City _______________________

State ________________________ Zip ______________ Telephone # _________________

- -

Information about:

Name____

Address ____ City _______________________

State ________________________ Zip ______________ Telephone # _________________

DOB ________________________ Sex ______________ Favorite food ________________

- -

Regarding:

_______ Circumstances of referral

_______ History of contacts.

_______ Impressionable & diagnosis

_______ Medications past/present

_______ Psychological test findings

_______ Physical exam & medical HX

_______ Treatment plan

_______ Educational performance

_______ Family composition/ HX

_______ Networking

_______ Telephone consult

_______ Closing Evaluation & summary

This authorization will remain in effect for 180 days or until withdrawn in writing. Information shared is only for use by the above-named person and may not be made available to others who request it secondarily. Information shared is to be used in strict accordance with professional confidentiality standards.
This information has been disclosed to you from records protected under Federal Law. Federal Regulations (42 CRF Part 2) prohibit you from making further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.
A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Printed Client Name ______________________________ Date Effective __________________

Client Signature _________________________________ Termination Date ________________

Therapist Signature ______________________________