Jennifer Wilcox PhD
3736 North High Street
Columbus OH 43214

Psychologist License No 6526
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AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name________________________________ Date of Birth________________ SS#_________________

I give my authorization and permission to: Jennifer Wilcox Ph.D., Psychologist

to: release to____ obtain from____ exchange with____

____
Name Title

____
Address Phone Number

information regarding my medical/psychological treatment.

Purpose of Release:____
Information to be released/obtained:

- ____ Intake and psychosocial history
- ____ Treatment summary including diagnosis
- ____ Discharge summary
- ____ Other:____
- ___Psychiatric consult & evaluation materials
- ___Psychological testing & evaluation materials

Information to be released/obtained by: ____ Personal delivery ____ Mail ____ Phone ____ Fax
Restrictions:____
This consent for release of information expires when treatment with Dr. Wilcox is terminated, unless otherwise indicated, and may be revoked in writing at any time except for information already released in accordance with this authorization. Date this release expires:_____________

Reproduction of this authorization is as authentic as the original signed authorization.

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release.

Client Signature:____ Date:________________________

Parent/Guardian (if under 18 yrs. old):____

Witness Signature:____ Date:________________________

To Recipient of Release: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.