3095 Soperton Drive | Suite 207
Bluffton, South Carolina 29910
phone (843) 338-0377
kremerpsych@gmail.com
www.kremerpsych.com

AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

_______________________________________ _______________________________________

Name of Patient Date of Birth

I hereby request and authorize: **KREMER PSYCHOLOGY, LLC**
3095 Soperton Drive, Suite 207
Bluffton, South Carolina 29910

To obtain from/release to: _______________________________________

(Name of Person and/or Agency)

____

____

(Address)

The following type(s) of information (and any specific portion thereof):

____

____

For the purpose of: ____

____

All information I hereby authorize to be obtained from or released by this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for 12 months. I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

_______________________________________ _________________________

Signature Date

_______________________________________ _________________________

Printed Name Relationship to patient

_______________________________________ _________________________

Witness Date