

Ann E McNeer, Ph.D.

Consent to Release Information

I, _____, hereby request that Ann E. McNeer, Ph.D. release protected healthcare information from the medical file of

_____ for the purpose of:

The information to be released includes:

Behavioral observations	Results of testing
Family/Social information	Developmental history
Diagnosis/Prognosis	Report of an evaluation
Information about Family Members	Confirmation of appointments

I would like Dr. McNeer to release this information to the following person(s):

Name Telephone

Address

Name Telephone

Address

I understand that this release will remain in effect for six (6) months unless I rescind or extend it in writing. Should I choose to rescind it, the information already released will not be included in the rescission.

Signature Date

Witness Date