

RICHARD W. DAVIS, Ph.D.

LICENSED PSYCHOLOGIST

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby give permission to:
(Name of patient) (Social Security Number) (Date of Birth)

Richard W. Davis, Ph.D.
92 Adams Street
Burlington, VT 05401 (802) 863-6114

To Obtain Information From: AND/OR To Disclose Information To:
Name: _____
Address: _____
Phone: _____

The information to be released is: MY ENTIRE RECORD; OR

The Following Only: (Patient must initial each item to be released)

_____ Substance Abuse Evaluation	_____ Diagnosis Assessment
_____ Treatment Recommendations	_____ Treatment Plan
_____ Expected length of Treatment	_____ Name of New Treatment Provider
_____ Attendance Records Only	_____ Progress Report on my Treatment
_____ Other (specify) _____	

AND/OR

to, Richard W. Davis, Ph.D., to testify in a deposition or any legal proceeding regarding my psychiatric, psychological, substance abuse treatment.

The purpose for such disclosure is:

- To permit continuity of care and treatment planning.
- To permit case management (including reimbursement determinations) and processing of benefit claims.
- To enable my employer to make a determination on my employment status (including disability leave).
- Other (specify): _____

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire one (1) year after I have terminated treatment with Richard W. Davis, Ph.D.

Signature of Patient

Signature of parent, guardian, conservator or authorized representative (when required)

Date

Witness

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records, the confidentiality of which, may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits 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 records 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.

92 ADAMS STREET/ BURLINGTON, VT 05401/ 802-863-6114

ASSOCIATES IN PSYCHOLOGY, P.C.

An Affiliation of Private Practitioners