

Release of Information

To provide the best level of care for you or your child I ask that you complete and sign this release of information. This allows me to communicate to the people listed below to provide updates, recommendations, and any information deemed medically necessary through these types of communication: phone, secure email, letters, or in-person conversation to assure proper treatment is conducted. This collaboration with other providers or persons involved in your life is very helpful in providing the utmost care. Please note at our first visit I will go over this list with you and we can decide which of these persons listed below you will be appropriate for such communication.

Fill out the appropriate people involved in you or your child's life that I might need to collaborate with in regards to treatment:

Category	Institution/Office/Person	Consent to Release
School Includes Administration, Dean of Students, Teachers, Nurses, Special Education Support Staff, School Psychologist, Guidance Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
University or Community College Includes Professors, Disability Services, Student Affairs		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatrician Includes Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family or General Doctor Includes Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist Includes Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
OT, PT, Speech Therapist Includes Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Includes judge, attorney, paralegal, probation officer, police/sheriff/state trooper office, and support staff for all of the above		<input type="checkbox"/> Yes <input type="checkbox"/> No

Category	Institution/Office/Person	Consent to Release
LHSAA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Judge or Lawyer		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Counselor or Social Worker		<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologist		<input type="checkbox"/> Yes <input type="checkbox"/> No
Probation Officer		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No