

Danielle Doyle PHD LCSW

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, grant permission for Danielle Doyle PHD LCSW To release and/or exchange information concerning

With:

This information will include:

____ General historical information (social, educational, medical, occupational history);

____ Substance Use History;

____ History of Mental Health Treatment Services;

____ Psychological Testing and Interpretative Summary;

____ School Records and Testing Scores;

____ Agency summation of case notes/agency involvement, and evaluation/reports

(specify agency: _____)

____ Verbal exchange of information between professional staff of both clinics/institutions/
agencies and/or organizations;

____ Expert witness testimony, if deemed necessary by the court;

____ Other: _____ -

This Authorization is valid for no more than (1) year.

Client Signature

Date

Parent/Guardian Signature

Date