

Carri Lager, Ph.D.

Licensed Psychologist, PY 7773

900 S US Hwy 1, Suite 101 Jupiter, FL 33477

P: (561) 727-9120

F: (561) 244-4300

DrCarri@DrCarriLager.com

www.DrCarriLager.com

RELEASE OF INFORMATION FORM

Date _____

Client's Name _____

Client's Date of Birth _____

This will authorize Dr. Carri Lager, Licensed Psychologist, PA (PY7773) to release to

_____, the following:

_____ Information from the medical/case record maintained while I am/was a client of Dr. Lager
during the period from _____ through _____.

_____ Information from my medical/case record at any time during the next six months, including the
following:

_____ Treatment Summary
_____ Discharge Summary
_____ Consultations
_____ Psychological Testing Results
_____ Intake Interview
_____ Other _____

This information is needed and will be used only for the following purposes:

This information may not be re-disclosed to anyone else, except for the above-intended purposes. I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it. I understand that this consent will automatically expire without my express revocation upon fulfillment of the above-stated purpose, or one year from today, _____, whichever is sooner.

Signature of Client _____ Date _____

Signature of Guardian/Relationship _____ Date _____

Signature of Guardian/Relationship _____ Date _____

Carri Lager, Ph.D., LP, PA (PY7773) _____ Date _____