AURA R. DESCHAMPS, PSY.D.

Licensed Psychologist

psychotherapy & psychological evaluations for adults and children

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AUTHORIZATION TO RELEASE or DISCLOSE INFORMATION

Name of Client	Name of Recipient or Source of Information
Street Address	Title of Recipient or Source or Name of Agency or Organization
City, State, ZIP	Street Address
Date of Birth Identification No.	City, State, ZIP
Telephone Number	Telephone Number

The person named above authorizes Aura R. Deschamps, Psy.D. to release information to, or receive information from, the entity named above. Information regarding my evaluation and or treatment, including the diagnosis or treatment of alcoholism and drug abuse may be shared. I have been informed and understand the specific type of information released and the possible benefits or disadvantages of releasing this information.

______ Alcohol/Drug Use Information
______ Diagnosis
______ Discharge Summary
______ Progress in Treatment
______ Psychological Testing and Assessment
______ Other Relevant Information
______ Academic Records, w/IEP, Case Conf. Reports
______ Medications
______ Treatment Plan/Treatment Issues
______ Psychosocial History
______ School Conduct Information

PURPOSE OF DISCLOSURE (S):

______ Coordinated Treatment Planning and Services
______ Response to Referral Source
______ Sharing Information for Legal Purposes
______ Other

This consent is subject to revocation at any time except to the extent that the disclosure has already taken place. This consent may be revoked at any time by giving written notice to the person or organization making the disclosure.

This consent is to remain in effect until the purpose for which it is written is fulfilled or I specifically revoke it. It is further understood that this information release is for professional purposes only and may not be provided in whole or part to any other agency, organization, or person other than stated above.

Signed ______________________________ **Relationship to Client** ____________________ **Date** ____________

Client, Parent, Legal Guardian, or Custodian of Client