Creating Change Psychological Services, PLLC

Dr. Eugena K. Griffin

P.O. Box 80327
Brooklyn, NY 11208

T 347.689.7652
M 718.802.8965

drgriffin@tx4creatingchange.com
www.tx4creatingchange.com

Licensed Clinical Psychologist
State of New York (No. 018917)

MENTAL HEALTH DISCLOSURE FORM

I, ________________________________ (*printed name*), _____/_____/______ (*birthdate*), hereby authorize Dr. Eugena Griffin to have bilateral exchange of information that is contained in my medical record with:

____

____

under the conditions listed below:

1. This information will be limited to:

____ *Psychiatric/medical/alcohol/drug abuse evaluation.*

____ *Psychiatric/medical/alcohol/drug abuse discharge summary.*

____ *Progress notes.*

____ *Psychotherapy notes.*

____ *Lab studies.*

____ *Medical tests/studies.*

____*Psychological testing.*

____*Educational testing.*

____*Other:*

2. Purpose or need for such disclosure:

____ *Continuing care/Treatment, and/or Care Updates.*

3. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon. If not previously revoked, this consent will terminate upon the end of treatment.

Dr. Eugena K. Griffin
Licensed Psychologist