

**Psychotherapeutic Solutions, LLC**  
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**Informed Consent for the Release of Confidential Records**

**Name:**

**Date:**

**Information to be disclosed:** Summaries of treatment (including medication prescribed);  
Treatment plans; Results of psychological/psychiatric/medical/school evaluations;  
Treatment recommendations; Clinical impressions; Dates of service; Information about  
personal/family history; School records; Discharge plan and treatment recommendations;  
Other \_\_\_\_\_

**Person authorized to receive/disclose information:** Alfredo J. Lowe, Ph.D., ABPP

**Person releasing/receiving information:** \_\_\_\_\_

I understand that this consent for the release of confidential records authorizes Alfredo J. Lowe, Ph.D. express permission to receive, disclose, and share such Confidential information. The information released is to assist in and enhance the treatment process. I may revoke at this consent at any time by giving written notice to both Alfredo J. Lowe, Ph.D. and the recipient/s of the information named in this authorization, although understand that such revocation shall neither be effective nor applicable as it relates to any and all Confidential information that has been disclosed prior to the date of such written revocation.

I also understand that this consent for confidential information will remain in effect for a period of six (6) months from the date of signature as indicated below in order to effectuate the purpose for which it is given.

The Confidential communication between a licensed practicing psychologist and the individual/s with whom he engages in the private practice of psychology are placed on the same basis as those provided between attorney and client and nothing in this act shall be construed to require such privileged communications to be disclosed.

I have read the above and am aware of the statutory privilege for Confidential communication between a patient and a licensed psychologist.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For patients between age 14 and 17, a signature is also required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date