Dr.Linda C. Caterino, Ph.D., A.B.P.P.

CONSENT TO RECEIVE/RELEASE CONFIDENTIAL INFORMATION

Today's date:			
CLIENT INFORMATION			
Client's Last Name:	First:	Middle:	Date of Birth:
Social Security Number:	Address:		Home Phone Number: ( )

RECEIVE/RELEASE OF CONFIDENTIAL INFORMATION

I, _____, do hereby authorize Dr. Caterino or a representative from her office:

□ to release information to
□ to receive information from

_____
Name of Agency, Facility, Program or Individual

_____
Address

_____
Telephone Number

The items checked below regarding the client named above:

- ☐ Diagnosis
- ☐ Information Regarding Consultations
- ☐ Treatment Plan
- ☐ Discharge Summaries
- ☐ Speech and Hearing Evaluation Information
- ☐ Psychosocial Assessment
- ☐ Psychological Evaluation
- ☐ Psychological Treatment
- ☐ Psychological Testing Records/Summaries
- ☐ Psychiatric Evaluation
- ☐ Psychotherapy Notes
- ☐ Progress Reports or Notes
- ☐ Verbal Progress Reports
- ☐ Summary of Treatment
- ☐ Medical History
- ☐ Physical Lab Results
- ☐ EEG, MRI or CT Reports
- ☐ Medications Prescribed
- ☐ School or Other Academic Records/Reports
- ☐ Immunization Records
- ☐ Treatment Information to my Insurance Company
- ☐ Alcohol & Drug Treatment Records
- ☐ Discharge Report
- ☐ Other: _____

This information will be used for the purpose of_____ or is at the request of the patient named above.

I understand that the treatment records may include medical, psychiatric, alcohol or drug abuse information. I understand that my records are protected by law, I have been notified of my rights under HIPAA, and understand that my records cannot be disclosed without my consent. I understand that I am not required to authorize release of confidential information in order to receive services. I understand that I may revoke this consent in writing at any time except for information that has already been sent. Unless I revoke it earlier this consent will expire in one (1) year after the date entered below (date of signature).

_____	_____	_____
Client's Printed Name (optional if under 18)	Client's Signature	Date
_____	_____	_____
Custodial Parent or Guardian's Printed Name	Custodial Parent or Guardian's Signature	Date