

**Release of Confidential Information**

My name is \_\_\_\_\_ DOB: \_\_\_\_\_.

This agreement is designed to allow Denise Reynolds, Psy.D. to have unfettered communication with certain parties about me. I understand that by putting my initials across from an agency name or an individual's name I am giving Denise Reynolds, Psy.D. the freedom to communicate with that agency or individual in any manner they choose.

Date      Initials

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand and agree that the above stated persons, agencies and Denise Reynolds, Psy.D. may exchange information verbally and in writing in regards to my treatment progress, progress notes, photostatic copies, abstracts or excerpts of any records, summaries, evaluations, assessments, testing, or any other pertinent information. I further understand that the exchange of such information is for the purpose of assessment, treatment, legal disposition, or administrative disposition.

By signing this form, I agree to allow Denise Reynolds, Psy.D. to respond to subpoenas and give information in court proceedings, administrative hearings, or other inquiries made by, or to, agencies or individuals listed above, even after I have been discharged from treatment.

I understand that treatment may last an undetermined amount of time. I agree to allow this agreement to remain in effect for as long as I am in treatment and for one year after the time treatment concludes for Denise Reynolds, Psy.D. to respond to inquiries from persons or agencies listed on this form.

This release may be rescinded at any time in writing. A written notice must be presented to Denise Reynolds, Psy.D., if I wish to terminate this release.

I hereby hold Denise Reynolds, Psy.D. harmless from any liability or damages that may arise pursuant to the use of this authorization.

A photocopy of this authorization will be considered as effective and valid as the original. My signature shall indicate to all, I have read this document, I understand what I have read, and I agree to all agreements listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date