Kwai Kendall-Grove, Ph.D.
Licensed Clinical Psychologist

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RELEASE OF CONFIDENTIAL INFORMATION OR AUTHORIZATION

Client Name (Print): ________________________________ Date of Birth:________________

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I, ____[ ] client, [ ]parent, [ ] legal guardian do hereby request and authorize Kwai Kendall-Grove, Ph.D. and/or her administrative and clinical staff to

[ ] provide information to [ ] obtain information from [ ] exchange information with:

NAME:____

ADDRESS:____

PHONE:___________________________________ FAX:_____________________________________

I authorize release of the following information (please mark all that apply):

- [ ] Treatment Summary/Progress/ Recommendations
- [ ] Admission/Discharge Summary
- [ ] Psychological Evaluation
- [ ] Behavioral Assessment
- [ ] Legal/Court Records
- [ ] Verification of Attendance
- [ ] Psychiatric History/Evaluation
- [ ] Diagnosis or Diagnostic Impression
- [ ] Medical History
- [ ] Academic Records
- [ ] Other: ____

For the Purpose of: ____

I understand that the information to be released includes information regarding the following:

- [ ] Alcohol and/or Substance Abuse/Dependency, if any
- [ ] Psychological or Psychiatric Conditions, if any
- [] AIDS-HIV Testing, if any

AUTHORIZATION: I understand and agree that this request and authorization has been made voluntarily and is in effect only for the person, organization or agency specified above. This authorization is valid only for the period of time over which services are provided by Kwai Kendall-Grove Ph.D. but not to exceed 1 year from this date. I understand that I may revoke this authorization, in writing, at any time. There exists the potential for the information disclosed to the above named recipient to be re-disclosed by that recipient, and may no longer be protected by the HIPAA Privacy Regulation.

___________________________________ ___________________

Client Signature Date

___________________________________ ___________________

Parent/Guardian Signature Date