Caroline R. Baltzer, Ph.D
Clinical Psychologist
158 Mt. Auburn Street
Cambridge, MA 02138
Tel: 617-438-7501

# Authorization to Release Confidential Information

Patient Name: DOB:
Address:

Other Clinician, Institution or Person releasing Records or Information:
Address:

[Date Mailed]:

I hereby authorize the following information to be released **TO** Caroline R. Baltzer, Ph.D.

_________ Hospital Discharge Summaries _________ Laboratory Reports

_________ Outpatient Mental Health Evaluation & Treatment _________ Hospital Medical History

_________ Records of Medical Evaluation & Treatment

_________ Psychological, Neuropsychological, Developmental & Academic Testing Reports

_________ Other school reports

_________ Telephone consultation regarding past or current medical or mental health treatment

_________ Other

Please release to: Caroline R. Baltzer, Ph.D., 158 Mt. Auburn Street, Cambridge, MA 02138.

I hereby authorize the following to be released **BY** Caroline R. Baltzer, Ph.D.

_________ Outpatient Mental Health Evaluation/Treatment

_________ Psychological, Developmental & Academic Testing Reports

_________ Telephone consultation regarding past or current medical or other mental health treatment

I have read and understand the above statements and do herein expressly and voluntarily consent to disclosure of the above information and/or medical records, including alcohol and Drug Abuse Records, if relevant, to/by those agencies named above. I understand that this information may be protected by Federal regulation 42 CFR Part 2. I understand that this consent is subject to revocation at any time except regarding information that has already been released, and will expire one year from the date signed below. (Parent may only sign for patient aged 15 years or younger, patient and parent must sign for patient aged 16-17 years.)

Signature of the Patient Date

_______________________________________________ ______________________

Or, Signature of Parent/Guardian Date
Relationship to Patient:

_______________________________________________ ______________________