

Atlanta Area Psychological Associates, P.C.

Consent to Release Confidential Information

I, _____, hereby authorize an exchange of confidential medical information regarding: (Name of patient) _____ (Date of Birth) _____

between the following persons or agencies:

1. Atlanta Area Psych. Assoc. 2. _____ 3. _____
2520 Windy Hill Rd #203 _____
Marietta, Ga 30067 _____
(770) 953-6401 _____

Information may be exchanged from:

1 to 2 2 to 1 1 to 3 3 to 1 2 to 3 3 to 2 between all

The following items may be copied and or provided:

- | | | |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Treatment Attendance | <input type="checkbox"/> Level of Participation | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History and Physical Exam | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Psychiatric Reports | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Consultation Report |
| <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Educational Reports | <input type="checkbox"/> Disciplinary Reports | <input type="checkbox"/> Testing Results |
| <input type="checkbox"/> Legal Documents/Information | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Verbal Communications |
| <input type="checkbox"/> Alcohol/Drug Information | <input type="checkbox"/> Other: _____ | |

The disclosure of information is required for the following purpose(s):

- Coordination of Treatment and _____ services.
 Referral to/from _____.
 Other: _____.

I understand that this consent is revocable, in writing, at any time prior to its expiration, which will occur

On _____ or one year from today, whichever is later.

Patient's Signature

Date

Witness

For minor: Parent/Legal Guardian Signature

Mailing address: 2520 Windy Hill Road #203, Marietta, Ga 30067
Phone: (770) 953-6401 Fax (770) 953-6015

Office Locations: 2520 Windy Hill Road #203, Marietta, Ga 30067
555 Sun Valley Dr., Ste. K3, Roswell, GA 30076
3950 Cobb Pkwy #803 & 805, Acworth, Ga 30101