

Jennifer White-Baughan Ph.D.
222 West Coleman Blvd., Mt. Pleasant, SC, 29464
Licensed Psychologist, SC LIC # 1081

Authorization for Release of Confidential Information

Name of Client: _____

Name of legally authorized guardian or Parent _____

Social Security Number of client: _____

Date of Birth of client: _____

Adult client: I, _____

Minor client: I, _____, for _____
(Parent or Legal Guardian) (client's name)

do hereby request and authorize:

Jennifer White-Baughan Ph.D.
222 West Coleman Blvd.
Mt. Pleasant, SC 29464

To obtain and release to: _____
(Name of person or agency receiving / holding information)

(address)

(city, state)

(telephone)

the following types of information from my records: assessments (including physicians assessments), social history, diagnoses, treatment plans, medical information, psychological testing reports, progress notes, consultation reports, and information regarding session attendance and compliance with treatment.

This information is released for the purpose of: telephone consultations, assessment, treatment planning, and case disposition.

All information I hereby authorize to be obtained from this person or agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for the period necessary to complete all transactions on accounts related to services provided to

me, unless I specify an earlier expiration date here: _____.

I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

(Sign your name) (Date)

(Signature of witness) (Date)