BAY AREA HEALTH PSYCHOLOGY

Office: (650) 999-0220
Fax: (855) 999-0220
Email: Info4BAHP@Gmail.com
www.BayAreaHealthPsychology.com

CONSENT TO RELEASE INFORMATION OR CONFIDENTIAL RECORDS

This is not a request for a copy of the patient's medical record.

Information to be Released Pertains to the Following Person

Patient's Name: _____

Date of Birth: _____

Address, City, State, ZIP Code: _____

Phone: Area Code:_____ Number: _____ - _____

Agency or Person to Share Information

Name: _____

Agency/Clinic: _____

Address, City, State, ZIP Code: _____

Phone Number: _____ - _____- _____ Fax Number: _____ - _____- _____

Agency or Person to Share Information

Name:	_____
Address, City, State, ZIP Code:	3860 W Naughton Ave., Belmont CA 94061
Phone Number:	(650) 999-0220
Fax Number:	(855) 999-0220

Nature of Information to be Released

Medical and psychiatric/psychological condition(s), and treatment including medication and ancillary supports (e.g., social work and case management).

This is not a request for a copy of the patient's records. This is a request for permission to consult with all current and past health care and service providers primarily for coordination of care.

PERMISSION IS HEREBY GRANTED TO THE ABOVE NAMED AGENCIES TO EXCHANGE INFORMATION ABOUT THE ABOVE NAMED PERSON.

Signed: _____ Date: _____

Print name: _____ Relationship to Patient: _____

Date effective from:_____ Date effective until:_____