

Adria O'Donnell, Psy.D. PSY19207

Clinical and Consulting Psychology

adria@dronnell.com

12625 High Bluff Dr. Suite 215, San Diego, CA 92130 · Phone (858) 518-6949 · Fax (858) 792-8333

RELEASE OF INFORMATION

Your signature given permission allows me to communicate with the following individuals, agencies, or insurance companies on your behalf:

Individual(s) or group to be contacted:

Located at:

Phone:

FAX:

I

born on

(Print your full name)

Hereby authorize Dr. Adria O'Donnell to disclose / obtain the following information from clinical records:

Authorization action:

☐ Disclose ☐ Obtain ☐ Both

☐ Entire Record

☐ Diagnosis & dates of treatment

☐ Summary of treatment

☐ Psychological Evaluation

☐ History & background

☐ HIV status, if relevant

☐ Complete treatment records

☐ Substance abuse history

Other:

about me / my child (child's full name):

for the following purposes:

This authorization and request to disclose or obtain information from records will expire one (1) year from the date on which it was signed. I agree that a photocopy of this release form is acceptable. I understand that I have the right to receive a copy of this authorization upon my request.

Printed Name:

Date:

Signature of client / guardian:

Relationship to client:

☐ Self ☐ Guardian ☐ Parent of Minor ☐ Person legally authorized to act on behalf of client