D. GAMBLES & ASSOCIATES, PLLC

PSYCHOLOGICAL CONSULTANTS

Request/Authorization to Release Confidential Records and Information

I hereby authorize:

Person or facility: D. Gambles & Associates PLLC

Address: 9658 Baltimore Ave Suite 240

Suite 240

College Park MD 20704 ____________________

Phone: 301 477 1078

to release information from records about __________, born on __________ for the following purpose(s):

❑ Further mental health evaluation, treatment, or care ❑ Rehabilitation program development or services

❑ Treatment planning ❑ Research ❑ Other: ______________________________

These records concern the time between ______________________ and ______________

In the boxes below, the information to be disclosed is marked by an X, the items not to be released have a line drawn through them and, page numbers are indicated when appropriate.

❑ Intake and discharge summaries __________ ❑ Medical history and evaluation(s) ________

❑ Mental health evaluations ________ ❑ Developmental and/or social history_______

❑ Educational records ____________ ❑ Progress notes, and treatment or closing summary

❑ Other:

Select only one:

❑ Please forward the records to the address at the bottom of this form.

❑ Please forward the records to the address written above.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 90 days, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

______________________________ ______________________________

Signature of client Printed name Date

❑ Copy for patient or parent/guardian ❑ Copy for source of records ❑ Copy for recipient of records

Forward records too: D. Gambles & Associates

Phone: (301)477-1078 FAX: (240) 553-7861