Okemos Psychological Services, LLC

2172 Commons Pkwy Ste C
Okemos, MI 48864
Phone: (517) 819-5654

Authorization for Release of Information

I, _____, Date of Birth_____

Consent to release the following medical information: (Please Circle Your Choice)

Clinical Summary Notes Psychotherapeutic Care Records Other...Describe below

_____
_____
_____
_____

I understand the information to be disclosed may include references to treatment of drug abuse, alcohol abuse, psychological illness, and/or HIV test results or AIDS related diagnosis.

TO:

_____

_____

_____

FROM:

Okemos Psychological Services, LLC
2172 Commons Pkwy Ste C
Okemos, MI 48864

For the purpose of:

_____Continued Care _____Personal Reasons _____Legal _____Insurance _____ Other

This consent will remain in effect for one year unless otherwise noted. This consent is subject to written revocation at any time to the extent that action has been taken in reliance thereon.

Signature of Patient/Guardian_____ Date_____

Note: Further disclosure of this information without specific written consent from the person to whom it pertains is prohibited by Federal Law.