

Dr. Geoff Schwerzler, PLLC
General Psychological Services
34 Erlanger Road--Erlanger, KY 41018
Telephone: 859-341-5782 -- Fax 859-341-5783

Client Name: _____ Date of Birth: _____

I authorize _____ to receive from and/or disclose information to the following:

1. _____ Receive from Disclose to

Phone: _____ Fax: _____

Address: _____

2. _____ Receive from Disclose to

Phone#: _____ Fax#: _____

Address: _____

3. _____ Receive from Disclose to

Phone#: _____ Fax#: _____

Address: _____

4. _____ Receive from Disclose to

Phone#: _____ Fax#: _____

Address: _____

The following information may be disclosed: (check all that apply). () Diagnosis impressions;
() Written report (if one available); () Recommendations; () Progress;
() Additional information: _____

Purpose of receiving or disclosing information is to: (check all that apply). () Assist with testing;
() Assist with therapeutic needs; () Provide evaluation for court proceedings or possible legal proceedings; () Additional information: _____

The information may be released in the following form: () Written; () Verbal; () Fax; () Conference or Observation; () Video or Audio tape.

I understand that my rights are protected under federal regulations governing confidentiality and that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

This release covers a period of one year unless otherwise stated below:

Expiration date if other than one year: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

REVOCATION OF CONSENT

Signature of client or guardian: _____ Date: _____