

Justin Forman, Ph.D.  
Licensed Psychologist # PSY27979  
4527 Montgomery Drive Suite F  
Santa Rosa, CA 95409  
707-536-7804

## AUTHORIZATION FOR EXCHANGE OF INFORMATION

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Information about you cannot be exchanged without your consent. Your signature on this release authorizes your provider to obtain or release medical records or information regarding your care. For the purposes hereof, "Medical Records" include all confidential HIV-related information, confidential communicable disease-related information, confidential alcohol or drug-abuse related information, and confidential psychological, behavioral health, medical, and educational data.

This disclosure is for the purpose of diagnosis, treatment planning, follow-up, subpoena for records, coordination of care, employment, and/or any reason listed below:

\_\_\_\_\_

The following limitations/exceptions to the disclosure of this information apply:

- Please release information to:  
 Please request information from:

- Please release information to:  
 Please request information from:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number

\_\_\_\_\_  
Phone Number Fax Number

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. This consent will expire automatically one year from the date on which it is signed. Any disclosure of medical record information by the recipients is not authorized except when implicit in the purposes of this disclosure.

- I decline this authorization;** I do not wish to have my medical records exchanged.

\_\_\_\_\_  
Signature of client or authorized person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date