STRATEGIC EVALUATIONS

Mary Stall, PsyD and Mary Beth O'Hagan, PhD

Authorization/Release of Information

Client name: ______________________________ Date of Birth: ______________

I authorize **Mary Stall, PsyD and Mary Beth O'Hagan, PhD to** release/obtain information and records as selected below:

☐ TO ☐ FROM

Name: ____ Phone: _______________________________

Email: ____

The information to be released shall include the following:

☐ Client Name	☐ School Records	☐ Diagnoses
☐ History	☐ Medical/Psychiatric Records	☐ Testing Findings and Report

☐ Other: ____

The information to be released will be used for the purpose of:

☐ Assessment	☐ Treatment	☐ Continuity of Care	☐ Business Operations

☐ Payment/Billing ☐ Other: ____

CONSENT

This authorization will remain in effect for 12 months from the date below unless specifically revoked by written notice. I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time and that revocation of this release shall not apply to information released prior to the date of my revocation. I also understand that such revocation must be in writing and received by Strategic Evaluations, 5290 East Yale Circle, Suite 207, Denver, CO 80222.

I understand that I do not have to sign this form and that refusing to sign this form will not affect my ability to obtain an evaluation. I understand that the information to be released may include material that is protected by state and/or federal regulations applicable to either mental health or drug/alcohol abuse or both. My signature authorizes release of all such information as specified above. I understand that any disclosure of this information carries the potential for unauthorized re-disclosure and the information may not be protected by federal privacy rules. Mary Stall, PsyD and Mary Beth O'Hagan, PhD are not responsible for information forwarded to other parties once it is released.

____
Print Name of Responsible Party (if applicable)

____
Signature of Client (or Responsible Party) Date

____
Mary Stall, PsyD Date

____
Mary Beth O'Hagan, PhD Date

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