

Tricia K. Brown, Ph.D.
LCPC, NCC, LLC
Registered Play Therapist- Supervisor
913- 602-9631

Release of Information

I, _____, (Date of Birth: _____) authorize
Tricia K Brown Ph.D. to _____ (release to) _____ (obtain from)

Person/Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

The following information:

- | | |
|---|--|
| <input type="checkbox"/> Academic testing results | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Behavior plans | <input type="checkbox"/> Service plans |
| <input type="checkbox"/> Case notes | <input type="checkbox"/> Summary reports |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> Entire record |
| <input type="checkbox"/> Personality profiles | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Progress reports | _____ |
| <input type="checkbox"/> Psychological reports | _____ |

The above information will be used for the following purposes:

- Planning appropriate treatment or program
- Continuing appropriate treatment or program
- Determining eligibility for benefits or program
- Case review
- Updating files
- Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year from date signed this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Witness (if client is unable to sign): _____ Date: _____

Person informing client of rights: _____ Date: _____