



PROFESSIONAL PSYCHOLOGICAL SERVICES, P.C.

A Clinical and Forensic Psychology Practice Group

Consent & Authorization For Release of Confidential Information

Staff

Tim F. Branaman, Ph.D., ABPP
Carol Mohney, MSW, Ph.D.
Kenneth Wise, Psy.D.
Virginia Secrest, Ph.D.
Anne Weinberg, Ph.D.

I, _____, hereby authorize the following person(s)
Your name

Name(s) of Individual(s) Releasing Records Name(s) of Individual(s) Releasing Records

Name(s) of Individual(s) Releasing Records Name(s) of Individual(s) Releasing Records

Associates

Tim Evans, MS, LPC

to **release confidential information** regarding _____
Your name or name of your legal dependent

This information will be released to:

Name: _____ Telephone: 972.669.1266 Fax: 972.664.0381
Name of Psychologist/Mental Health Professional

Organization/Agency: Professional Psychological Services, P.C.

Street Address: 600 W. Campbell Road, Ste 2, Richardson, TX 75080
City, State, & Zip:

The purpose of this disclosure is (describe purpose, or simply write "at my request")

Information to be disclosed is:

- | | |
|---|------------------------------------|
| _____ Any and all information pertaining to me | _____ attended counseling sessions |
| _____ Psychological tests including raw data | _____ recommendations given |
| _____ Assessment and diagnostic information | _____ job performance information |
| _____ extent to which following recommendations | _____ follow-up information |
| _____ progress report | |
| _____ Other (specify) _____ | |

The method of releasing/obtaining information: Verbally _____ Written _____ Other _____

I am signing this consent and authorization under the following conditions:

- My judgement is neither impaired by emotional duress nor any chemicals.
- I may withdraw this authorization, in writing, at any time except to the extent that action has previously been taken thereupon.
- If not withdrawn, this authorization expires on _____.
- That upon expiration of this release neither agency nor practitioner will discuss information pertaining to me without my further consent except for communication with any insurance company which I have separately authorized or as permitted by law.

Your Signature or Legal Representative Date

Your Printed Name or Printed Name of Legal Representative