



MOUNTAIN VIEW PSYCHOLOGY, LLC
Authorization for Release of Information

1. I hereby authorize: _____
(Clinician's Name)
Mountain View Psychology, LLC, 312 Neff Avenue, Harrisonburg, VA 22801
Phone: (540) 433-2858 Fax: (540) 433-1175

2. To: (check appropriate box)
 Release information to: _____ Obtain information from:
 Exchange information with: _____ Make phone contact only with: _____

Name Address City State Zip

3. Information regarding:

(Client's Name) (Date of birth)

4. Specific information to be disclosed: (check those that apply)
 Academic Testing Results (i.e., SOL, standardized tests) Psychological/Neuropsychological Reports
 Assessment Instruments (specify) _____ Psychological Testing Results

 Court Records School Behavior Records
 Intelligence Testing Results (i.e., WISC, WJR) Service Plans (e.g., IEP)
 Medical Records Summary Reports
 Progress Notes Vocational Reports
 Psychiatric Evaluation/Consultation Records Grade History (ie, copy of prior report cards)
 Other (specify) _____

5. The above information will be used for the following purposes:
 Obtaining Concurrent Treatment Records Evaluation/Assessment
 Obtaining Prior Treatment Records Planning Appropriate Treatment
 Coordination of Care w/ Medical Professional Continuing Appropriate Treatment
 Coordination of Care w/ other Mental Health Professional Other _____

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

7. Client Signature _____ Date: _____

8. Parent/Guardian Signature _____ Date: _____

9. Witness Signature _____ Date: _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part2). The Federal rules prohibit you from making any further disclosure of information about drug or alcohol abuse unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.