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Check one: rev 10-13-18

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AUTHORIZATION TO RELEASE INFORMATION FOR COURT TESTIMONY OR DEPOSITION

I, ____________________________________ , hereby authorize the above indicated clinical to provide expert testimony regarding (***circle one***):

ME

or

MY CHILD, (*name of child*) __________________________ (*date of birth*_____________)

in a court of law, and/or during any depositions, discovery, other trial or hearing related situations, or any court or litigation administrative needs. This permission to disclose any and all information regarding my evaluation or treatment includes no exceptions, including but not limited to psychological testing results, information regarding therapy, and/or psychological testing raw data.

I understand the need for, and the implications of, this authorization for release of information, and this authorization and request to release information is being made voluntarily on my part. I understand that I may revoke this consent in writing at any time except to the extent that action based on this consent has already been taken. I understand that unless I revoke this release, it remains effective until the expiration date below. I further understand that should I revoke this release in the future, my clinician still might be required to testify and me and my case, if ordered to do so by any court of law.

Expiration Date: ___________________________

(for adults) Client's Signature:____ Date: ________

(for children) Parent's/Legal Guardian's Signature:____________________________ Date: ________