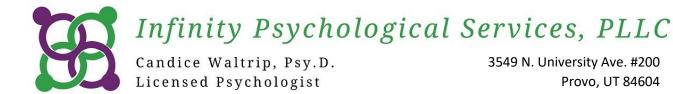


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## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, the undersigned, authorize an	d request Dr	of Infi	inity Psychological Ser	rvices, PLLC,
to release and/or obtain the fol	• .			
Person/Organization:				
Street Address:				
City/State/ZIP:				
Telephone:	FAX:			
Email:				
I authorize Infinity Psychologica	l Services, PLLC, to (cl	heck all that apply	<i>י</i> ):	
Exchange with	Release to	Obtain fro	om the party listed ab	ove
I authorize Infinity Psychologica	l Services, PLLC, to ex	change/release/c	obtain information:	
Verbally only	Written form on	ıly (including ema	il) Both verbally a	and in writing
Description of health information	on to be exchanged/re	eleased/obtained	(initial all that apply)	:
Psychological Evaluation				
All Progress Notes/Appoir	ntment Records			
Treatment Summary				
Medical History				
School Records				
Drug/Alcohol Records				
Other:				



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ne specific purpose of this disclosure:
Coordinate Care/Treatment Planning
Transfer Care
Academic Planning
Legal Proceedings
Other:
understand that my signature on this form is voluntary and that not signing will not affect the ability to ceive treatment at this practice. I understand that this release will expire in <b>180 days</b> , unless revoked me which I have the right to do at any time. I understand that any revocation will not apply to any HI that has already been released in reliance to this authorization and to PHI created expressly for sclosure to the person/entity listed above. I understand that the PHI disclosed may be subject to resclosure by the person/entity receiving it and no longer protected by federal privacy regulations. Inderstand that any questions I have about the use or disclosure of this PHI can be directed to Infinity sychological Services, PLLC at any time.
gnature:
inted Name:
elationship to Patient: Date:
the recipient of client records/information: This information has been disclosed to you from records otected by Federal confidentiality rules. The Federal rules prohibit you from making any further sclosure of this information unless further disclosure is expressly permitted by the written consent of e person to whom it pertains or as otherwise permitted by federal guidelines.

Infinity Psychological Services, PLLC 3549 N. University Ave. #200 Provo, UT 84604