

AURA R. DESCHAMPS, PSY.D.

Licensed Psychologist

psychotherapy & psychological evaluations for adults and children

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AUTHORIZATION TO RELEASE or DISCLOSE INFORMATION

Name of Client	Name of Recipient or Source of Information	
Street Address	Title of Recipient or Source or Name of Agency or Organization	
City, State, ZIP	Street Address	
Date of Birth	Identification No.	City, State, ZIP
Telephone Number	Telephone Number	

The person named above authorizes Aura R. Deschamps, Psy.D. to release information to, or receive information from, the entity named above. Information regarding my evaluation and or treatment, including the diagnosis or treatment of alcoholism and drug abuse may be shared. I have been informed and understand the specific type of information released and the possible benefits or disadvantages of releasing this information.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol/Drug Use Information | <input type="checkbox"/> Academic Records, w/IEP, Case Conf. Reports |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Treatment Plan/Treatment Issues |
| <input type="checkbox"/> Progress in Treatment | <input type="checkbox"/> Psychosocial History |
| <input type="checkbox"/> Psychological Testing and Assessment | <input type="checkbox"/> School Conduct Information |
| <input type="checkbox"/> Other Relevant Information | |

PURPOSE OF DISCLOSURE (S):

- Coordinated Treatment Planning and Services
- Response to Referral Source
- Sharing Information for Legal Purposes
- Other

This consent is subject to revocation at any time except to the extent that the disclosure has already taken place. This consent may be revoked at any time by giving written notice to the person or organization making the disclosure.

This consent is to remain in effect until the purpose for which it is written is fulfilled or I specifically revoke it. It is further understood that this information release is for professional purposes only and may not be provided in whole or part to any other agency, organization, or person other than stated above.

Signed _____ Relationship to Client _____ Date _____

Client, Parent, Legal Guardian, or Custodian of Client