



Helping Children.
Educating Families.
Heidi Escoto, Psy.D, PLLC

Licensed Psychologist (4619)

Phone 919.534.5628

drescoto@att.net

www.drheidiescoto.com

AUTHORIZATION TO RELEASE INFORMATION

I, _____ voluntarily authorize, **Dr. Heidi Escoto**, to release information to:

Name of Facility: _____

Address: _____ City, State, & Zip: _____

Telephone: _____ Fax: _____ Email: _____

Written and/or Verbal information from the records of:

Name of Patient: _____

Date of Birth: _____

Specify the information or action to be authorized:

(Check those that apply)

____ Developmental, Behavioral, Psychological, Psychoeducational, School Observation

____ School Records

____ School Observation

____ Treatment Plan

____ Consultation

This information has been disclosed to you in a confidential manner. Confidentiality is protected by federal law. Federal regulations prohibit you from re-disclosure of this information without specific written consent.

Print Name: _____ Signature: _____

Date: _____