

*Dr. Marc Schwartz, D.O. P.C.*  
*Child, Adolescent, & Adult Psychiatry*  
www.ArizonaPsychiatry.com

**Consent to Release Information**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Dr. Marc Schwartz, D.O. to:  
\_\_ (send) \_\_ (receive) the following information marked below \_\_ (to) \_\_ (from)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A SEPARATE AUTHORIZATION, AS DEFINED BY HIPAA, IS REQUIRED FOR  
\*PSYCHOTHERAPY NOTES.

- |   |   |
|---|---|
| <input type="checkbox"/> Academic testing results     | <input type="checkbox"/> Psychological testing results        |
| <input type="checkbox"/> Behavior programs            | <input type="checkbox"/> Service plans                        |
| <input type="checkbox"/> Progress reports             | <input type="checkbox"/> Summary reports                      |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results           |
| <input type="checkbox"/> Medical records/reports      | <input type="checkbox"/> Entire record, except progress notes |
| <input type="checkbox"/> Personality profiles         | <input type="checkbox"/> *Psychotherapy Notes                 |
| <input type="checkbox"/> Psychological reports        | <input type="checkbox"/> Laboratory Tests                     |
| <input type="checkbox"/> Phone contact                | <input type="checkbox"/> Behavioral and Emotional Scales      |
| <input type="checkbox"/> Other, specify _____         |   |

