

# Schachner Associates, P.C.

## Comprehensive Psychological Services

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### Consent to Release and/or Obtain Information

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date of Birth

I, (or on my child's behalf), hereby authorize **Schachner Associates**, 128 North Craig Street, Suite 210, Pittsburgh, PA 15213, to:

**release** information and records for the purpose of evaluation and treatment to:

**obtain** information and records for the purpose of evaluation and treatment from:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**The following records are to be released** \_\_\_ in writing \_\_\_ verbally  in writing and verbally  via fax:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Psychiatric                     | ___ Speech/Language  |
| ___ Medical   | ___ Occupational Therapy                                     |
| <input checked="" type="checkbox"/> Psychological                   | ___ Physical Therapy   |
| ___ Report Cards/Anecdotal Notes                                    | ___ Neurological Evaluation                                  |
| ___ Standardized Test Scores  | <input checked="" type="checkbox"/> Counseling/Psychotherapy |
| <input checked="" type="checkbox"/> Comprehensive Evaluation Report | ___ Other ( <i>Specify</i> ) _____                           |
| ___ Individualized Educational Program                              |  |

**Information related to HIV and drug/alcohol evaluation and/or treatment will be released unless otherwise indicated:** \_\_\_ Do not release information regarding HIV status or alcohol/drug evaluation/treatment.

I understand that, in order to protect the limited confidentiality of my records, my permission to obtain or release information is necessary. I also understand that I may withdraw my consent at any time, except for actions that have already been taken. This release is effective for one year from the date the form is signed unless otherwise specified.

\_\_\_\_\_  
Client (14 and Older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date