

**Request and Authorization to Release Information
To Be Completed as Needed by Client**

I, _____ DOB _____

am receiving professional services from Birgitta von Schlumperger, Ph.D. as an outpatient and hereby authorize and request Birgitta von Schlumperger, Ph.D. and

_____ Phone _____

Name and relationship to client _____

Address _____

or their respective records departments to discuss or exchange information regarding: **(please initial)**

- Any relevant mental/medical/social history** _____
- Diagnoses and diagnostic impressions** _____
- Treatment plan** _____
- Any relevant medical conditions and medications** _____
- Treatment consult** _____
- Other** _____

to improve the continuity of my care. Restrictions to this release include: _____

I also give Dr. von Schlumperger permission to share with my insurance company any information requested for treatment authorization, treatment planning and review, quality, and utilization review. I understand that my signature on the intake form authorizes Dr. von Schlumperger to communicate with the insurance company on my behalf during the entire course of our treatment.

I understand that I may void this authorization, except for action already taken, at any time by means of a written letter revoking the authorization and transfer of information, but that this revocation is not retroactive. If I do not void this authorization, it will automatically expire in 365 days from the date I signed it. This authorization is valid during the pendency of any claim or demand made by, or on behalf of the patient, and arising out of an accident, injury, or occurrence to the patient.

I agree that a photocopy of this release form is acceptable, but must be individually or electronically signed by me, the releaser. I understand I have the right to receive a copy of this authorization upon my request.

Signature of patient/client _____ **Date:** _____

Relationship to patient: Self _____ Guardian _____

I have discussed the above issues with my client and have, based on my observations of behavior and responses, believe in my professional judgment that this person is fully competent to give consent, informedly and voluntarily.

Signature of Birgitta von Schlumperger, PhD _____ Date: _____