



Meredith Beck-Joslyn, Ph.D.
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Request/Authorization to Release Confidential Records and Information

DATE:

I, _____,

hereby authorize Meredith Beck-Joslyn, Ph.D. to

- ☐ Release to:
- ☐ Obtain from:
- ☐ Exchange with:

The following information:

- ☐ Intake and termination summaries
- ☐ Medical history and evaluation
- ☐ Mental health evaluations
- ☐ Developmental and/or social history
- ☐ Educational records
- ☐ Progress notes, and treatment summary
- ☐ Other:

For the purpose of:

- ☐ Further psychological evaluation, treatment, or care
- ☐ Coordinating treatment efforts
- ☐ Claim reimbursement/insurance authorization/utilization review
- ☐ Other:

Select only one:

- ☐ Please forward the records to the address in the letterhead at the top of this form.
- ☐ Please forward the records to the addresses written above.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications for their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will expire upon fulfillment of the purposes stated above.

Signature of client

Printed name

Date

Signature of guardian/parent/representative

Printed Name

Date