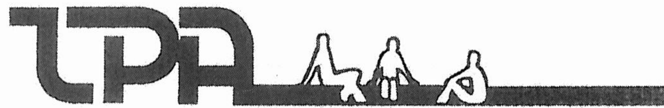

LANSING PSYCHOLOGICAL ASSOCIATES, INC.

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David Mack, DO

Authorization for Release of Information

I, ______________________________, authorize information for ___________
D.O.B ___________, to be released and/or exchanged between the individuals or agencies below. This information is limited to the description, which follows regarding type of information to be disclosed, and conditions under which it will be disclosed, and may be transmitted electronically, orally, or by paper.

I understand that my medical, psychiatric, and alcohol and drug abuse records may be protected by federal regulations which may determine the extent and nature of the information which may be disclosed pursuant to this authorization. I do hereby give this consent to the release of information described below freely and voluntarily and acknowledge that I am not under any force or duress.

________________ of Lansing Psychological Associates, Inc at 2001 Abbot Rd, East Lansing, MI, 48823.
(Therapist)

Initials

☐ ___ May disclose information to:

☐ ___ May request information from:

☐ ___ May exchange information with:

Individual or Agency and Address

____
____
____
____
____

Serving the Mid-Michigan area since 1976

The type of information to be released is:

____

____

____

The purpose of this disclosure is as follows:

____

____

____

The above and foregoing consent may be revoked by the undersigned at any time, except to the extent that action has been taken on information disclosed pursuant to this consent prior to the date of such revocation. This consent shall remain effective for the purposes and during the periods indicated below:

____

(Date, event, or condition upon which it will expire)

If above space is left blank, this consent expires one year from the date entered below.

Signed this____________day of ______________,____________

______________________________	______________________________
Signature of patient	Signature of parent, guardian, or Authorized representative.
______________________________	______________________________
Present Address	Nature of Relationship
______________________________	______________________________
City, State, Zip	Present Address
______________________________	______________________________
Witness	City, State, Zip