352 Seventh Avenue, Suite 306, New York, NY 10001
212-337-9990 (o) 212-337-9914 (f)
www.hartsteinpsychological.com

RELEASE OF INFORMATION

DATE:

I, _____, authorize Hartstein Psychological Services, to discuss my child's (Name of Child: _____) information and treatment with the following parties:

1) Name: _____ Affiliation: _____

Address: _____

Phone Number: _____

Email address: _____

2) Name: _____ Affiliation: _____

Address: _____

Phone Number: _____

Email address: _____

I authorize Hartstein Psychological Services, to discuss any pertinent psychological and medical background information and current issues of concern with the named parties.

I understand this authorization will remain in effect throughout the course of treatment. I may revoke authorizations at any time.

Date: _____

Name of Authorized Patient Representative (print): _____
Signature of Authorized Patient Representative: _____
Authorized Representative's Relation to Patient: _____
Name of Party Accepting Authorization (print): _____
Signature of Party Accepting Authorization: _____