

CHARLOTTESVILLE PSYCHOLOGICAL SERVICES, LLC  
KRISTA JANA, PH.D.  
700 HARRIS STREET, SUITE 201  
CHARLOTTESVILLE, VIRGINIA 22903  
(434) 227-6631

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the release of below-identified information.

<input type="checkbox"/> All Treatment Records	<input type="checkbox"/> Psychiatric Consultation	<input type="checkbox"/> Diagnosis and Dates of Treatment
<input type="checkbox"/> Intake Assessment	<input type="checkbox"/> Current Treatment Issues/ Progress	<input type="checkbox"/> Treatment and Discharge Summary
<input type="checkbox"/> Case Notes	<input type="checkbox"/> Medication Summary	<input type="checkbox"/> Billing Information, includes diagnosis, dates of treatment, and procedure codes
<input type="checkbox"/> Other:		

**This information is to be:**

Exchanged **between** Charlottesville Psychological Services, LLC and the indicated second party.  
 Released **from** Charlottesville Psychological Services, LLC to the indicated second party.  
 Released **to** Charlottesville Psychological Services, LLC by the indicated second party.

I also authorize information to be transmitted by e-mail.

**Second party:**

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

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

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

**This information is to be released for:**  Treatment Planning/ Coordination  Facilitation of Referral

**I authorize the release of information for the following dates:**

All dates of contact  Other (specify date or date range): \_\_\_\_\_

This authorization of release pertains only to the above-specified information and to the above-specified parties. I understand that I may revoke this authorization at any time, except to the extent that Charlottesville Psychological Services, LLC has already taken actions in reliance on it. This authorization will remain valid until revoked or upon expiration of one year from the date of this signed release.

Client:

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Guarantor (if client is under 18, indigent, or assigned a legal guardian):

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*