DRM Consulting Services Inc.
Dea Rabon Montgomery, Ph.D. Licensed Psychologist

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Dea Rabon Montgomery, Ph.D.

[ ] To release to [ ] To obtain from [ ] To communicate with

_____
_____
_____

The following information (check appropriate box):
[ ] Psychological Evaluation [ ] Psychiatric Evaluation [ ] Psychological Test Data
[ ] Progress Report [ ] Treatment Summary Report [ ] Academic Information
[ ] Diagnosis & Recommendation
[ ] Other _____

The information is needed for the purpose of:
[ ] Continued Treatment [ ] Consultation Purposes
[ ] Utilization Review [ ] Consideration of Payment
[ ] Other

After giving due consideration to the extent of this release, I authorize Dr. Montgomery to furnish information, including fax copies of my psychological records concerning my evaluation or treatment, to the above individual, organization or to its agents, and I further agree to indemnify and hold harmless Dr. Montgomery from all liability that may arise from the release of the information herein requested. Any information released in response to this authorization should not be re- released to any other person(s) unless I so specifically authorize. However, I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

I understand that the records released may contain alcohol and drug treatment information, medical information, AIDS/HIV information, or psychiatric and psychological information. I understand that my records may be protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Client Records, 42, CFR Prt. 2.

I understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it, and that in any event this authorization is valid for a period of 180 days from the date of my signature.

_____ _____
Client's Name Date

_____
Client/Parent Signature

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