**Jim LeFan, Ph.D. Psychotherapy, Assessment, and Consultation**

3939 Bee Caves Road, Suite A-5, Austin, Texas 78746 jimlpsych@icloud.com

512-328-9632 phone/fax [DrJimLeFan.com](http://www.drjimlefan.com/)

**Authorization for the Release of Exchange of Information**

Patient Name: DOB: \_\_\_/\_\_\_/\_\_\_\_

Information to be released or exchanged with:

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

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

Information to be exchanged or released:

\_\_\_ Psychological Test Results

\_\_\_ Psychological Evaluation(s)

\_\_\_ Mental Status

\_\_\_ Treatment Plan(s)

\_\_\_ Progress Notes

\_\_\_ Therapist Orders

\_\_\_ Psychosocial Reports

\_\_\_ Diagnosis

\_\_\_ Medical Record(s)

\_\_\_ Family System Evaluation(s)

\_\_\_ Consultation Report(s)

\_\_\_ Educational Test(s) and Report(s)

\_\_\_ Attendance Records

\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Patient Signature (or guardian, if required) Date