

Connor and Associates Psychological Services
34 Erlanger Road
Erlanger, KY 41018
Telephone: 859-341-5782 -- Fax 859-341-5783

Client Name: _____ Date of Birth: _____

I authorize _____ to receive from and/or disclose information to the following:

1. _____ Receive from Disclose to
Phone: _____ Fax: _____
Address: _____
2. _____ Receive from Disclose to
Phone#: _____ Fax#: _____
Address: _____
3. _____ Receive from Disclose to
Phone#: _____ Fax#: _____
Address: _____
4. _____ Receive from Disclose to
Phone#: _____ Fax#: _____
Address: _____

The following information may be disclosed: (check all that apply). () Diagnostic impressions;
() Written report (if one available); () Recommendations; () Progress;
() Additional information: _____

Purpose of receiving or disclosing information is to: (check all that apply). () Assist with testing;
() Assist with therapeutic needs; () Provide evaluation for court proceedings or possible legal proceedings; () Pre-Employment Evaluation
() Additional information: _____

The information may be released in the following form: () Written; () Verbal; () Fax; () E-mail;
() Conference or Observation; () Video or Audio tape

I understand that my rights are protected under federal regulations governing confidentiality and that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

This release covers the duration of treatment unless otherwise stated below:

Expiration date : _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

REVOCATION OF CONSENT (Only sign if you wish to take away consent previously given)

Signature of client or guardian: _____ Date: _____