CIRCLE IN THE SQUARE Relationship-based child & adolescent therapy groups

109 Park Washington Court • Falls Church , Virginia 22046 • T: (703) 533-5824 x 1 • F: (703) 533-8431

David A. Beigel, L.P.C., CGP
FIN 040-48-6069
VA. Lic. No. 0701-001307

REQUEST TO RELEASE\EXCHANGE RECORDS AND INFORMATION

I hereby authorize_____ or

Name:_____

Address:_____

_____

To release\ exchange the following information from the records of:

_____myself _____my child _____DOB

Name: _____

Address:_____

_____

To\with:
Name\organization: _____

The following information from the records is requested:

_____ **Intake and Discharge Summaries** _____**Medical Records**

_____**Psychological Evaluations** _____**Developmental\Social History**

_____**Educational Records** _____**Progress Notes and Closing Summary**

_____**Other:**_____

This authorization is signed with the understanding that the information will not be passed on to anyone else, or be used for any other purpose other than specified above. I understand that this authorization may be revoked at any time to the extent that the action based on this consent has been taken.

Authorization expires on:_____ _____
(Maximum of 1 year from date of signing) Date signed

_____ _____
Signature of Patient Date

_____ _____
Signature of Parent\Guardian\Representative Date