Mental Health Resource Associates, P.C.
31275 Northwestern Hwy., Suite 120
Farmington Hills, MI 48334 (248)
932-7799 (248) 703-7997

RELEASE OF REQUEST FOR CONFIDENTIAL INFORMATION

I, the undersigned, do hereby authorize _____of Mental Health Resources Associates, P.C. 31275 Northwestern Hwy., Suite 120 Farmington Hills, MI 48334

To (circle one) Release To: or Receive From:

_____
_____

Any and all information pertaining to (Check all that apply):

__Psychotherapy Sessions
__Psychological Evaluations
__Medical History & Information
__Vocational Counseling
__Psychiatric Information
__Psychological Test Results
__Educational Records
__Legal Information

__Other (please indicate):_____

Which may have been obtained in professional contact with:

Name:_____ Date of Birth:_____

This information is considered instrumental to the ongoing evaluation and treatment of this patient.

Date: _____ Signature: _____
(patient, parent, legal guardian)

_____
(relationship to patient)

Date: _____ Signature: _____
(witness)

Include this completed form with all information to be released