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<h2>Release of Information Consent Form</h2>
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I, \_\_\_\_\_, authorize \_\_\_\_\_

to: \_\_\_ (send) \_\_\_ (receive) the following \_\_\_ (to) \_\_\_ (from) the following agencies or people:

Name	Address	City	State	Zip_Phone
<input type="checkbox"/> Academic Testing Results				<input type="checkbox"/> Psychological Testing Results
<input type="checkbox"/> Behavior Programs				<input type="checkbox"/> Service Plans
<input type="checkbox"/> Case Notes				<input type="checkbox"/> Summary Reports
<input type="checkbox"/> Intelligence Testing Results				<input type="checkbox"/> Vocational Testing Results
<input type="checkbox"/> Medical Reports				<input type="checkbox"/> Entire Record
<input type="checkbox"/> Personality Profiles				<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Progress Reports				_____
<input type="checkbox"/> Psychological Reports				_____

The above information will be used for the following purposes:

- Planning Appropriate Treatment or Program
- Continuing Appropriate Treatment or Program
- Determining Eligibility for Benefits or Program
- Case Review
- Updating Files
- Other (specify) \_\_\_\_\_

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Informing \_\_\_\_\_ Date \_\_\_\_\_: