Consent for Release of Information

Lee Ann Hamm, M.S.
Licensed Psychological Associate
Licensed Professional Counselor
National Certified Counselor

(Please check all that apply)

_____ I authorize Lee Ann Hamm to **release** assessments and/or records to the named practitioner/office.

_____ I authorize Lee Ann Hamm to **request** assessments and/or records for the named client from the named practitioner/office.

_____ I authorize Lee Ann Hamm to **consult** with the named person for the client named below.

_____ _____

Named Client (Please Print) Named Practitioner/Office

_____

Address, City, State, & Zip

_____ _____

Office Phone Office Fax

_____ _____

Signature of Client or Managing Conservator Date

_____ _____

Signature of Examiner Date