

CBT-DBT, LLC

PO Box 35174
Tucson, AZ 85740
Phone: 520-219-7383

Request/Authorization to Release and Exchange Confidential Records and Information

I hereby authorize (person or facility): _____

Address: _____

For the purpose of:

- ☐ Further mental health evaluation, treatment, or care
☐ Treatment planning ☐ Other:

These psychological/psychiatric records concern the time _____.

- ☐ Intake and discharge summaries ☐ Medical history and evaluation(s)
☐ Behavioral/Mental health evaluations ☐ Developmental and/or social history
☐ Educational records ☐ Progress notes, and treatment or closing summary
☐ Other:

Please forward the records to Dr. Linda Leiphart, PO Box 35174, Tucson, AZ .

This request is entirely voluntary on my part. This consent will expire automatically after one year from the date on which it is signed, or upon fulfillment of the purposes stated above.

Signature of client _____

Printed name _____ Date _____