

Strides in Psychotherapy
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PERMISSION TO RELEASE INFORMATION

I hereby authorize Strides in Psychotherapy, P.C. to release the following type(s) of information:

verbal information assessment summary treatment summary discharge summary
 alcohol/drug abuse diagnoses mental health diagnoses medical information pregnancy status
 basic insurance information (name, address, diagnosis, treatment, dates, fees, level of functioning,
prognosis) insurance company treatment plan/treatment plan review consultation with school
 consultation with others involved in client's medical/psychiatric treatment HIV status
 other _____

to: _____

and obtain the following information: _____

from: _____

Purpose of disclosure: _____

I understand that I may revoke this request at any time except to the extent that action has been taken in reliance to it. Otherwise, it will be in force for the full length of treatment.

Client Name: _____

Client Signature: _____ Date: _____

Parent/Guardian's Name(if client under 18): _____

Parent/Guardian's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Notice to Recipient of Information: The information disclosed to you may be protected by federal and/or state law. Federal Regulation (e.g., 42 CFR Part 2) may prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent. A general authorization for release of information is not sufficient for this purpose. Federal rules and regulations specifically restrict disclosure or use of any drug/alcohol abuse -information in these records, unless specifically indicated. There are also limits of confidentiality if a client presents an immediate, specific danger to themselves or others or property.

