

Elsbeth Martindale, Psy. D.

Mt. Tabor Psychological Services

5525 E. Burnside

Portland, Oregon 97215

Phone (503)236-0855 FAX (503)233-4449

Consent for Release of Confidential Information

I, _____, hereby authorize and request
(Client's Name)

_____ at _____
(Outside Practitioner's Name)

(Address) (Phone)

to release all pertinent confidential professional information pertaining to me (or my child) to Elsbeth Martindale, Psy.D.. _____ (client's initials)

I authorize and request that Elsbeth Martindale, Psy.D. share all pertinent and confidential professional information with the above named practitioner. _____ (client's initials)

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing in writing any of the above noted individuals. I further understand that this authorization is valid only for a period of 90 days from the date of my signature below.

In consideration of this consent, I hereby release the above parties from any legal liability resulting from the release of this information.

Signature _____ Date _____
(Client)

OR

Signature _____ Date _____
(Parent, Guardian, or Legal Representative)