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CLINICAL PSYCHOLOGY & NEUROPSYCHOLOGY

BOARD CERTIFIED IN CLINICAL NEUROPSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

AMERICAN ACADEMY OF CLINICAL NEUROPSYCHOLOGY
NATIONAL ACADEMY OF NEUROPSYCHOLOGY

Authorization to Release Information

I authorize Dr. David O'Grady to release information about me/ my child regarding psychological evaluation and treatment to the person named below for the purpose of:

This authorization shall remain in force for six months from this date unless revoked by me in writing.

RELEASE TO:

Name of patient

ID No.

Signature

Date
