

Forensic Psychology Associates, P.C.

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AUTHORIZATION FOR RELEASE OF RECORDS

For the Purpose of a Psychological Evaluation

Client Name:

DOB:

SSN:

I authorize the following practitioner or agency:

Name:

Address:

Phone/Fax:

_____ to release the following types of information **TO** Dr. Nelson, Dr. Rasmussen, and FPA

_____ to receive the following types of information **FROM** Dr. Nelson, Dr. Rasmussen, and FPA

<input type="checkbox"/>	Admission & Discharge Summaries	<input checked="" type="checkbox"/>	Substance Abuse Information under 42 CFR Part 2	<input type="checkbox"/>	Military/Employment Records
<input type="checkbox"/>	Psychological Reports	<input type="checkbox"/>	HIV/AIDS Information	<input type="checkbox"/>	All information relevant to court ordered evaluation
<input type="checkbox"/>	Social History Reports	<input type="checkbox"/>	Neurological Reports	<input type="checkbox"/>	Other: phone consultation
<input type="checkbox"/>	Chart / Psychotherapy Notes	<input type="checkbox"/>	Academic Records	<input type="checkbox"/>	

- The party receiving this release of information is authorized to accept it via facsimile. A photocopy of my signature is as valid as the original.
- The information may be released by mail, fax, telephone call, electronic transmission or verbally.
- This release is effective the same date that it is signed and is valid for 90 days or, if this is a court-related evaluation, through the completion of the trial/proceedings. This release extends to information placed in the record before the date this form was executed and through the time it expires.
- I understand that I may revoke this release at any time by writing to Dr. Nelson and that the revocation is effective on the date it is received.
- I understand that this information cannot be re-released to a third party except if required under law or if I specifically consent to re-disclosure.
- If Dr. Nelson is being asked to release information to another party, I understand that my treatment will not depend upon whether I sign this release or not.
- ***You should send the documents within 15 days, as required by Virginia law VA §32.1-127.1:03(E).***

Signature of Client/Parent

Date Signed and Effective

Signature of Witness and Date Signed

Signature of Client/Parent/Guardian

Date Signed and Effective

Signature of Witness and Date Signed