Authorization to release information

From: Luis A. Portal-Queirolo, Psy.D.
Psychologist PSY19146
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Folsom CA 95630
T: (916) 357-6517

To: ___________________________________
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Reference:

Patient's Name _________________________________**DOB**::______________

Dr Portal is authorized to ☐ Request ☐ Release ☐ Exchange information from the above indicated person or institution / organization. The following information below requested is necessary for patient's continuity of care. Your prompt response to this request is appreciated.

Thank you for your cooperation:

☐ History & Physical exam
☐ Discharge summary
☐ Consultation reports
☐ Psychological Tests Results
☐ Chemical recovery history
☐ Dates of Hospitalizations
☐ Medical records
☐ Department of rehabilitation report

☐ Court Agency Documents
☐ Psychiatric evaluation
☐ Treatment Plans
☐ Progress Notes
☐ Diagnoses
☐ Crisis Interventions Reports
☐ Lab results

☐ Family systems Evaluation
☐ Mental Status examination
☐ School or educational records
☐ Educational tests and reports
☐ Attendance record
☐ Psychosocial report
☐ Medication

☐ Other:____

Patient's signature: ____Date:_________
Legal Guardian

Authorization valid for six months only