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Consent for Exchange of Information

I _____, hereby authorize Ellen S. Krantz, M.Ed., Ph.D., to release and exchange all information regarding my child _____'s past and present medical and/or psychological and neuropsychological treatment, including but not limited to medical and psychological history, examinations, health provider notes, process notes, tests, assessments, with
(List all medical and educational providers here):

The purpose of this exchange of information is to permit the thorough evaluation of psychological and neuropsychological domains and to provide recommendations for follow-up services and/or treatment.

I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification of that revocation or modification to Ellen S. Krantz, M.Ed., Ph.D. This revocation or modification will not be effective until received in writing by Dr. Krantz.

This authorization shall remain in effect until December 20___ **or** until (fill in an event that relates to the purpose of the use of this disclosure)

Disclosure of Protected Health Information (PHI) is not allowed that would be in violation of the HIPAA Privacy Rule and in accordance with state law as described in Sections I through III of the Notice form provided to me by Dr. Krantz. I understand that even if the authorization would not involve impermissible disclosures, Dr. Krantz may not condition treatment upon my signing and authorization unless the psychological services are provided to me or my child for the purpose of creating health information for third-party. Communications are permitted via written communication, verbal communication, fax and related electronic communications (email etc.)

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of my information and may no longer be protected by the HIPAA Privacy Rule.

Signature of Parent

Date

Signature of Parent

Date

(If a personal representative of the patient/child signs this authorization, a description of such representatives authority to act for the patient/child must be provided): _____
