

Emily W. Gordon, Psy.D.  
99 East Central Street  
Natick, MA 01760  
(617) 278-9990  
dremilygordon@gmail.com

Name of Client: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Request/Authorization to Obtain and Release Confidential Records and Information**

A. I, \_\_\_\_\_, authorize Dr. Gordon to release/receive the specific information about me outlined below:

Information to/from:

Name _____	Name _____
Relationship to client _____	Relationship to client _____
Address _____	Address _____
Phone _____	Phone _____
Fax/email _____	Fax/email _____

B. The specific information to be disclosed is:

Verbal/telephone/email update  
 Psychological evaluation(s) and/or behavioral observations  
 Discharge summary/Summary of treatment  
 Other: \_\_\_\_\_

C. I authorize the sources named above to speak by telephone about the reasons for my referral, any relevant history or diagnoses and other clinical information.

D. In consideration of this consent, I hereby release the source of the records from any and all liability arising therefrom.

E. I agree that a photocopy of this form is acceptable, but it must be individually signed by me, the patient or guardian, and a witness if necessary.

F. I have read and fully understand the above statements, and voluntarily consent to this specific disclosure of information. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already taken place.

Signatures

_____ Signature of Client	_____ Printed Name	_____ Date
------------------------------	-----------------------	---------------

_____ Signature of Parent/Guardian	_____ Printed Name	_____ Date
---------------------------------------	-----------------------	---------------

_____ Signature of Witness	_____ Printed Name	_____ Date
-------------------------------	-----------------------	---------------

This form can be filled out and emailed directly to me, however it contains HIPAA protected information such as your date of birth. Please be aware that email platforms can be accessed by unauthorized sources, compromising the privacy and confidentiality of such communication. Un-encrypted emails, such as this, are even more vulnerable to

unauthorized access. If you prefer, you may print these forms, fill them out at home and bring them to our first session or mail them back to my office.