



2310 130th Ave NE, Suite B-101
Bellevue, WA 98005

The Center for Child Development
Neuropsychological & Therapeutic Services

dr.dunbar.mayer@gmail.com
Phone: 425.877.3484

Authorization for the Release or Exchange of Information

This form, when completed and signed by you, authorizes Philip Dunbar-Mayer, Psy.D., to exchange (obtain, release or share) protected health information regarding you/your child with the person or organization designated below.

Organization/Person:

This Authorization pertains to specific clinical information regarding:

Name:

DOB:

Address:

Phone:

Parent/Guardian Name (if applicable):

Address and phone of parent/guardian:

I, _____, authorize my/my child's psychologist, Philip Dunbar-Mayer, Psy.D., to exchange (obtain, release or share) the following information.

Medical History

Medical Exam

Medical Records

Health Treatment Plan

Hospitalization Record

Discharge Summary

Psychiatric Evaluation

Psychological/Neuropsychological

Assessment Data/Results

Other (specify):

CLIENT/GUARDIAN SIGNATURE

DATE