



AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize Dr. Hoorie Siddique to exchange information regarding my psychological treatment and/or assessment with the following person(s):

(Full names and phone number of person to be contacted)

I also authorize the source named above to speak by telephone with Dr. Siddique about any information that can assist with my evaluation and/or treatment.

This authorization is limited to only the person(s) named above. I may revoke this authorization at any time, except for action already taken, at any time by means of a written letter revoking authorization and transfer of information, but I understand that this revocation is not retroactive. If I do not void this authorization, it will automatically expire in one year from the date I signed it. I will need to sign another authorization/release after one year if exchange of information is then requested.

Signed: _____

Date: _____