GREAT LAKES
PSYCHOLOGY GROUP

# Release of Information Form

Date: _____

Re: _____

Date of Birth: _____

I / We authorize: Great Lakes Psychology Group
3604 Clarkston Rd., Ste. 102, Clarkston, MI 48348
89 W. South Blvd, Ste. 200, Troy, MI 48098
17940 Farmington Rd., Ste. 280, Livonia, MI 48152
(800) 693-1916 Fax (248) 605-3525

To release to: _____

_____

_____

information related to the assessment, diagnosis, treatment plan, psychological testing results, or any other pertinent information regarding the individual named above.

Reason for disclosure: _____

Specifically, I / we DO NOT authorize the release of the following information:

_____

_____

I / We also authorize the above named individual or institution to release any pertinent information to Great Lakes Psychology Group.

Patient Name: _____

Patient Signature: _____

Parent/Legal Guardian Signature: _____