Dr. Leon 0. Brenner Center for Psychological Assessment & Consultation
William James College, Graduate Education in Psychology
One Wells Avenue, 4th Floor
Newton, MA 02459
Telephone: 617-323-1735
Facsimile: 617-323-6969

Release Information—Child/Adolescent

To be filled out for any individuals you think Brenner Center personnel should communicate with in order to best understand the referral question(s) you have asked us to answer. These individuals might be a school teacher, physician, therapist, etc.

Name of Client: _____

Date of Birth: ____/____/_____

Social Security #: _____

I understand that the purpose of this release is to assist with my child's evaluation by improving communication between professional service providers in the Brenner Assessment Center at William James College, Graduate Education in Psychology and important individuals in my child's life. To further this goal, I authorize:

Name:_____

Phone Number: _____

Address: _____

to release information regarding my child to the Brenner Assessment Center at William James College, Graduate Education in Psychology.

The specific information to be released is: _____

_____

_____.

[ ] Admission or intake summary [ ] Discharge or termination summary

[ ] Psychiatric/Psychological assessment [ ] Evaluation report

[ ] Medical records [ ] Drug and alcohol abuse treatment info.

[ ] Lab reports [ ] HIV or AIDS Info.

[ ] School Records: including cumulative record, health record, IEP, and any testing or social history

[ ] Verbal exchange of information [ ] Other_____
My record may contain information about drug abuse, alcoholism, and/or alcohol abuse.

Check one: [ ] I am willing; [ ] I am not willing to have this information disclosed to the Brenner Center.

My record may contain information relating to AIDS or my HIV status.

Check one: [ ] I am willing; [ ] I am not willing to have this information disclosed to the Brenner Center.

I also authorize service providers in the Brenner Assessment Center at William James College, Graduate Education in Psychology to communicate with the above mentioned person

_____.

This release will remain in effect until the completion of my child's evaluation at the Brenner Assessment Center.

I understand that:

- I may revoke this release at any time by submitting a written request to my evaluator at the Brenner Center or its Executive Director, Kelly Casey, PhD. This release may be revoked except to the extent that it has already been acted upon or if the release is obtained as a condition of obtaining insurance coverage (other laws provide the person the right to contest a claim under the policy)
- I may refuse to sign this release. If I refuse to sign this release, my treatment, payment, health plan enrollment, or eligibility of benefits will not be affected
- If re-disclosed by the person, information released on this authorization is no longer protected by The Brenner Center
- This release will expire in 1 year or otherwise as indicated upon a specific event or date: _____

I have carefully read and fully understand the above information, and voluntarily authorize disclosure of the above information about, or medical records of, my condition to those persons or agencies listed.

_____ ____/____/___
Signature of Client or Authorized Person Date

_____ _____
Printed Name Relationship to Client

_____ ____/____/_____
Signature of Client (if another person has signed) Date