Courtney Burtscher, Psy.D
Licensed Clinical Psychologist
1300 W. Belmont Ave, Suite 302
Chicago, IL 60657
p: 773.883.5398 f: 773.883.5397
e: courtney@drburtscher.com

AUTHORIZATION TO RELEASE AND/OR EXCHANGE INFORMATION

This form authorizes the release and/or exchange of your protected health information to the individual or agency listed below.

Client Name:_____ Date of Birth_____

Client Address:_____

Client Phone:_____Email Address:_____

Please indicate if Courtney Burtscher, Psy.D can **provide** or **exchange** information:_____
Provide means that Courtney Burtscher, Psy.D will provide information and not receive information from the individual/agency. **Exchange** means that both Courtney Burtscher, Psy.D and the individual/agency listed below both provide information and receive information to one another.

Name of individual/agency to provide/exchange information _____

_____

Individual/Agency's Address:_____

Individual/Agency' Contact Numbers: p:_____ f:_____

Individual/Agency's Email (if applicable):_____

Reason for releasing information:_____

_____

This authorization will expire on:_____
I understand that I may revoke this authorization at any time by providing my request in writing to the address listed above.

I hereby authorize Courtney Burtscher, Psy.D to release information to the above individual/agency.

Client Name:_____

Guardian Name/Relationship if client is minor _____

Client Signature (guardian if client is a minor)_____Date:_____