

Caroljean Bongo, PsyD, LLC

Wyoming Licensed Psychologist 

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Release/Request for Information

Client name: _____ **Date of Birth:** _____
Any other last name: _____ **SS#:** _____

I authorize Caroljean Bongo PsyD to RELEASE the following protected information (Initial all that apply)

Discharge Summary Treatment Plan/Discharge Plan
 Assessment Data & Scores Verbal/Written Communication about diagnosis, treatment, progress, ect.
 History & Physical/Psych Eval Information obtained from your medical & mental health providers
 Other (specify) _____

Purpose: I understand that the information will be used for: Further evaluation and treatment.

Other (specify other purpose) _____

I authorize Caroljean Bongo PsyD to OBTAIN the following protected health information (Initial all that apply)

Please send material which may be relevant relating to approximately the past year unless otherwise specified:

Discharge Summary Treatment Plan/Discharge Plan
 Assessment Data & Scores Verbal/Written Communication about diagnosis, treatment, progress, ect.
 History & Physical/Psych Eval Clinical Staffing Notes
 Other (specify) Information requested _____

Release to/ obtain from:

Name: _____ **Organization:** _____

Address: _____ **Fax:** _____

_____ **Telephone:** _____

I understand that the information to be released/obtained may include information regarding drug/alcohol abuse/dependence and or psychological/psychiatric conditions.

I certify this request has been made voluntarily and that the information to be released/obtained may include the above information. The above information is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except in the event that action has already been taken relying upon it. I hereby release both the above parties from any liability which may result from furnishing the information released or requested. Without my expressed written revocation, this consent will expire in twelve (12) months from the date signed or _____. This information has been disclosed to you from records whose confidentiality is protected by Federal and State law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of it without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Signature of Individual or Personal Representative Authorized by law

Date

Signature of Witness

Date