

Deana N. Stevens, Psy.D.
NJ Licensed Psychologist #4519
296 Amboy Avenue Suite F,
Metuchen, New Jersey 08840
(732) 735-2146

Consent to Release and Receive Information

I give permission to Dr. Deana Stevens to _____ *release* and/or _____ *to receive* the following information:

_____ Alcohol & other Drug Information
_____ HIV/AIDS related information

This information is to be released To/From the following professional(s) and entities:

I give permission for Dr. Stevens to receive/release this information for the purpose of:

The exchange of information between professionals noted above may be in writing or by phone and is designed to facilitate a collaboration between the professionals and is only for the purposes of assisting in the current psychological treatment (which may include addressing issues related to medication, health problems impacting on this treatment, interaction between medical and psychological issues, prior psychological treatment and family issues which relate to this treatment.)

I understand that I have the opportunity to revoke this authorization in writing at any time in the future (unless the exchange of information has already occurred) and this authorization shall stay in effect for a period of one year.

Printed Name	DOB	Printed Name of Legal Guardian
Signature	Date	Signature of Legal Guardian Date