

Authorization for Psychiatric Information

To: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Re: \_\_\_\_\_

This form, signed by me, shall constitute written authorization for you to provide to Robert E. Peterson, Attorney at Law, any and all information or opinions which may be requested regarding my condition and psychiatric treatment or counseling and to allow records or testing which you may have regarding my condition or treatment to be viewed or copied. You are specifically requested to furnish all information, notes or interviews relating to my treatment.

You are further requested to disclose no information to any insurance adjuster or any other person without written authority from me to do so.

Signed \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public

My Commission Expires:

