

Cynthia Mittelmeier, Ph.D.

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Consent to Obtain Information

This form authorizes me to obtain information from persons or institutions that you designate.

Date: _____

Name: _____
(please print clearly)

DOB: _____
(MM/DD/YYYY)

I authorize Dr. Cynthia Mittelmeier, to obtain the following information (*Provide description of the information to be obtained. Your description should be as specific and detailed as possible*):

This information can be obtained from (*name and address/phone number of persons or institutions*):

1. _____
2. _____
3. _____
4. _____

I am requesting Dr. Mittelmeier to obtain this information for the following reasons (*“at the request of the individual” is all that is required if you do not want to list a specific purpose*):

This authorization shall remain in effect until _____ (*expiration date, if desired*)

I have the right to revoke this authorization, in writing, at any time by sending written notification to Dr. Mittelmeier at the above address. However, my revocation will not be effective to the extent that she has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that Dr. Mittelmeier generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

Signature of client/parent/legal guardian

Date

Signature of client/parent/legal guardian

Date