Total Wellness Psychiatry

550 Sylvan Ave, LL #5 | Englewood Cliffs, NJ 07632 | (201) 397-2067 | audreylongson@totalwellnesspsychiatry.com

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS

I, _____, hereby authorize Dr. Audrey Longson to correspond with _____, regarding _____ (client name).

I understand that this correspondence may involve a conversation or transfer of written material. I further understand that this consent may be withdrawn at any time.

Signature: _____

Date: _____

Relationship to Patient: _____

Witness: _____

Date: _____