

TRIANGLE PSYCHOEDUCATIONAL CONSULTANTS, PLLC

Serving children, adolescents, families, and adults

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3820 Merton Dr, Ste 205
Raleigh, NC 27609

Cheryl Stallings, Ph.D.
Laura Wyatt, Ph.D.

Authorization for Release of Information

Patient Name: _____

Patient Date of Birth: _____

I/WE authorize psychologist Cheryl Stallings, Ph.D. to receive, release, and/or exchange the following information to assist with coordination of treatment/intervention and continuity of care.

This information will include:

_____ Educational Records and/or Psychological Testing Results/Reports

_____ Assessment, Treatment, Progress Summaries and/or Discharge Summaries

_____ Other: _____

This referenced information will be exchanged with the following person or agency:

This authorization is valid for one (1) year from the date of signature. You have the right to revoke this authorization in writing at any time (except to the extent that the action based on this consent has already taken place).

Signature of Patient (if patient is 18 or older)
or Signature of Parent or Legal Guardian of Patient

Date