HILL AND ASSOCIATES P.C.
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Release of Confidential Records

To: ____________________ Patient Name: ____________________
____________________ DOB: _______________
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I authorize the above named person or organization
( )TO RELEASE TO Cynthia K. Hill Ph.D. ( )TO RECEIVE FROM Cynthia K. Hill Ph.D.
the information marked by an X in the boxes below. Items not to be released have a line drawn through them.

___Intake and discharge summaries ___Treatment or closing summary
___Medical history and evaluations ___Developmental and/or social history
___Progress notes ___Mental health evaluations and/or testing
___Educational Records (including IQ, achievement, report cards, behavioral records)
___Other

For the following purpose(s):
___Further mental health evaluation, treatment, or care
___At the request of the individual ___Other

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: ___ Do not release

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have 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 my psychologist 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.

This authorization shall remain in effect until six months after termination of therapy unless otherwise specified.

______________________________ __________________
Signature of Patient or Parent/Guardian Date

______________________________ __________________
Signature of Witness Date

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.

NOTE: Redisclosure of information provided by Cynthia K. Hill, Ph.D. is expressly prohibited. Dr. Hill shall not be held liable for damages caused by redisclosure of this information. A photocopy shall be considered as valid as the original. Rev: 7/09