SAPIA PSYCHOLOGICAL ASSOCIATES, INC

Jennifer L. Sapia, Ph.D.
Robin Beck Nelson, MA, LCMHC
Diana Melisa Idelson, LCSW

4320 Southport-Supply Rd., Suite 200, Southport, NC 28461
Phone: 910-457-0800; Fax: 910-457-1072

Consent to Release/Exchange Information

I, ____________________________________ authorize Sapia Psychological Associates, Inc. to:

Release_______________ (Please initial) Exchange______________ (Please initial)

Information with:

Name:__________________________________

Agency:________________________________

Phone/Fax:_____________________________

For me or my child _______________________________ Date of Birth:_________________

Information to be shared for what purpose:____

I understand this consent may be revoked at any time if I decide and put in writing. Otherwise, this consent will expire in 365 days.

****Please initial if you authorize this consent to also serve as a special consent to release/exchange sensitive health related information and HIV and substance abuse information____________

Please initial if you authorize this information to be faxed:_______________

_____________________________ _________________________
Signature of responsible party Date

_____________________________ _________________________
Signature of witness Date