Gurganus Psychological Services, LLC
Sara Gurganus, PsyD, LP
7241 Ohms Lane, Suite 145 ● Edina, Minnesota 55439
Telephone (952) 920-0711 ● Fax (952) 920-0716

Authorization for the Release of Private Information

Client:_____

Date of Birth:_____ Social Security #:_____

By signing this form, I authorize Sara Gurganus, Psy.D., L.P.,

____TO DISCLOSE	_____TO RECEIVE
_____Consultation reports/letter	_____Admission history
_____Psychological testing data/reports	_____Treatment summary
_____Medical records	_____Discharge summary
_____School information	_____Diagnostic impressions
_____Phone consultations	_____Other_____

with the following person(s):

Name:_____

Address:_____

Phone/Fax:_____

I understand that I may revoke this authorization in writing at any time, and I am aware that information may have already been exchanged. This authorization will automatically expire in one year (12 months) from the date signed below. In addition, I realize that Gurganus Psychological Services, LLC cannot prevent the redisclosure of records released as a result of this request; therefore Gurganus Psychological Services, LLC is released from any and all liability resulting from redisclosure.

Client:_____ Date:_____