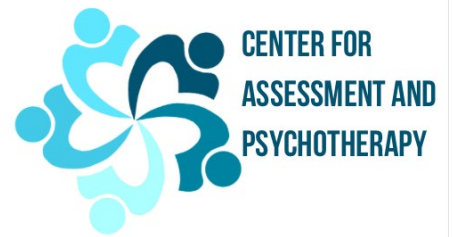


Dr. Mary Murphy, Ph.D.  
Licensed Clinical Psychologist  
CT#003358, NPI#1528229572  
25 Church Hill Road, Suite 102  
Newtown, CT 06470  
203-689-7193



## Authorization Consenting Release of Information

I authorize Dr Mary Murphy, PhD to **discuss** verbally and or in writing anything that has been brought up during the course of our psychotherapy or evaluation **with** any person/s or staff of clinic, office, agency, or institution/s named below and receive any relevant information or records from them.

\_\_\_\_\_  
(insert name of person Dr. Murphy can speak with and receive information /records from)

For the following reason(s):

- \_\_\_ Consultation/Psychotherapy,
- \_\_\_ Evaluation,
- \_\_\_ Coordination of care,
- \_\_\_ Other: \_\_\_\_\_

I may revoke this consent at any time. This consent is in effect for five years from the date of the last session, unless revoked in writing earlier or renewed. I understand that this release may contain information related to psychiatric records. This consent is also subject to all conditions outlined in our Office Policies and is governed by all state privacy laws as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I further understand that any digital or typed signature is intended to substitute for my valid, authorized, legal ink signature. When signing for a minor, I represent and confirm that I have full legal authority to provide consent for this minor.

\_\_\_\_\_  
Patient Name (print)                      Signature                      Date

\_\_\_\_\_  
Parent / Guardian Name#1 (print)      Signature                      Date

\_\_\_\_\_  
Parent / Guardian Name#2 (print)      Signature                      Date