ADD SOI Testing Center

Manhattan Beach, CA 90266
(310) 546-8583

Valerie Maxwell, Ph.D.

Manhattan Beach, CA 90266
(310) 546-6500

# CONSENT FOR RELEASE OF INFORMATION OR RECORDS

I hereby authorize _Valerie Maxwell, Ph.D. and/or The ADD SOI Testing Center_ to mutually disclose information and/or records to _______________________________, regarding ______________________________, date of birth ______/______/_________, obtained in the course of his/her evaluation, diagnosis and treatment.

**This release will remain in effect for one year from the date below unless revoked.**

These records are protected by the California Welfare and Institution Code Section 5328. Disclosure shall be limited to the information specfied below.

- Clinical Evaluation
- Diagnosis
- Discharge Summary
- Diagnostic Exam
- Results of Psychological/Vocational Tests
- Educational Assessment and Behavioral Report

___________________________________ ______________________

Signature of client/parent/guardian/conservator Date

Please sign and date below **only** if you would like **to revoke consent**:

_______________________________________ ______________________

Signature of client/parent/guardian/conservator Date consent **revoked**

# PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I have received and been provided an opportunity to review the Notice of Privacy Practices.

_______________________________________ _____/_____/________

Client Name Client Birthdate

_______________________________________ ______________________

Signature of client/parent/guardian/conservator Today's Date

**I UNDERSTAND THAT I HAVE A RIGHT**
**TO RECEIVE A COPY OF THIS AUTHORIZATION IF I SO REQUEST.**