

Devlin Kelly, Ph.D.

38 Quail Court, Suite 200

Walnut Creek, CA 94596

(925) 901-4992

PSY 16409

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize,
Devlin Kelly, Ph.D., to release information to ____ and/or receive information from ____:

This disclosure of information and records is required for the following purpose:

Such disclosure shall be limited to the following specific types of information:

I understand that I have the right to revoke this authorization at any time unless action has already been taken in reliance thereupon. This authorization shall remain valid until: _____, or if not specified, one year after the date signed below.

Patient's signature: _____ Date: _____