

MENTAL HEALTH AFFILIATES

1290 Worcester Road
Framingham, MA 01702
(508) 872-1650
Fax: (508) 370-7282

221 Boston Post Road, East, #450
Marlborough, MA 01752
(508) 460-9633
Fax: (508) 481-2608

RELEASE OF INFORMATION

I HEREBY AUTHORIZE _____

- (check) to send a copy of my records to
 to receive information from
 to exchange information with

This authorization shall include all information, educational, medical, psychiatric, and substance abuse related, which is relevant to my evaluation and/or treatment. This release shall remain in effect for one year from the date below, unless it is specifically withdrawn.

This information is regarding:

Name _____ Date of Birth: _____

(print)

Address _____

If patient is under the age of 18, must be signed by parent/guardian

Signature

Date

Print Name

Relationship to patient