

Monique Belton, Ph.D. Clinical Psychologist  
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**Release of information**

Client Name: \_\_\_\_\_ DOB/SS# \_\_\_\_\_

I authorize Dr. Monique A. Belton to Obtain From: Release To:

Check all that apply:

- |                              |                          |
|------------------------------|--------------------------|
| Bio-psychological Assessment | Psychological Evaluation |
| Case Management              | Medical Records          |
| Clinical Assessment          | Medical Notes            |
| Discharge Summary            | Progress                 |
| Lab Reports                  | Treatment Plan           |
| Others                       |                          |

The following information from my client record will be used for the purpose of:

Date of treatment covered by this release:

- All prior episodes of care Limited to the following dates/programs.

Ongoing communication: I authorize reciprocal information exchange. I understand that the records to be released may contain information pertaining to medical, sickle cell, psychiatric, drug including alcohol abuse treatment and or HIV/AIDS related information.

I agree that a copy of this authorization will be as valid as the original. I understand that I may revoke this authorization at any time, except to the extent that information has already been released.

I understand that applicable federal and state law, the information disclosed under this authorization may be subject to further disclosure but the recipient and thus, may no longer be protected by federal regulations.

I understand that my current of future treatment by Dr. Monique Belton is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign.

The information to be obtained or disclosed was fully explained to me and this consent is given on my own free will.

*This release will expire six months from today's date \_\_\_\_\_ . This release will need to be renewed on \_\_\_\_\_ in order to remain in effect.*

_____	Client signature	_____	Date
_____	Parent/Guardian/legal representative	_____	Date
_____	Witness signature	_____	Date