

**GREW, MORTER & HARTYE, P.A.**  
3141 John Humphries Wynd, Suite 275  
Raleigh, NC 27612

**CONSENT FOR RELEASE OF PATIENT INFORMATION**

This form when completed and signed by you, authorizes Grew, Morter & Hartye, P.A. to release protected information from your clinical record to the person you designate.

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

I authorize Grew, Morter & Hartye, P.A. to release

**Information to be Released:**

Psychological/Diagnostic Evaluation  Educational Assessment  School Records  
 Progress Update  Medical History  Developmental History

Other (specify): \_\_\_\_\_

**This information should only be released to:** Name/Agency \_\_\_\_\_  
Address \_\_\_\_\_

**Purpose of Release:** I am requesting my psychologist to release this information for the following reasons: (“at the request of the individual” is all that is required if you are my patient and you do not desire to state a specific purpose.)

Continuity of Care  Educational  Other \_\_\_\_\_At the request of the individual

This authorization shall remain in effect until \_\_\_\_\_(fill in expiration date) or until (fill in an event that relates to the individual or the purpose of the use or disclosure).

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You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

\_\_\_\_\_  
Signature of Patient Date

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If a personal representative of the patient signs the authorization, a description of such representative's authority to act for the patient must be provided.

\_\_\_\_\_  
Signature of Parent/Guardian Date Relationship \_\_\_\_\_