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**AUTHORIZATION FOR RELEASE OF INFORMATION**

Patient Name \_\_\_\_\_

I give my authorization and permission to: Erica Saypol, Ph.D., Psychologist.

to: release to \_\_\_\_\_ obtain from \_\_\_\_\_ exchange with \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

information regarding my medical/psychological treatment.

Purpose of Release:

\_\_\_\_ To assist in treatment

\_\_\_\_ Other: \_\_\_\_\_

Information to be released/obtained:

\_\_\_\_ Intake and psychosocial history

\_\_\_\_ Psychiatric consult & evaluation materials

\_\_\_\_ Treatment summary including diagnosis

\_\_\_\_ Psychological testing & evaluation materials

\_\_\_\_ Discharge summary

\_\_\_\_ Other: \_\_\_\_\_

Information to be released/obtained by: \_\_\_\_ Personal delivery \_\_\_\_ Email \_\_\_\_ Mail \_\_\_\_ Phone

Restrictions: \_\_\_\_\_

Please note that email is not a completely secure way to communicate. If you would like to authorize Dr. Saypol to email the results of a consultation for egg and/or sperm donation or other information, please be aware that Dr. Saypol will take precautions to best assure the security of such an email communication (e.g., password protecting the file), and that Dr. Saypol recommends other methods of transmitting information, such as mail or in-person delivery.

This consent for release of information expires within one year, unless otherwise indicated, and may be revoked in writing at any time except for information already released in accordance with this authorization. Date this release expires: \_\_\_\_\_

Reproduction of this authorization is as authentic as the original signed authorization.

I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Recipient of Release:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.