Gary M. Eisenberg, Ph.D.

Licensed Clinical Psychologist #PSY 3907
609 W. Littleton Blvd Suite 307
Littleton, CO
303-808-4140

AUTHORIZATION TO RELEASE INFORMATION

The following permits Dr. Eisenberg to exchange information with:

_____

_____

School, Counselor, or Teacher's Email Address:

_____
_____

Regarding: _____ (patient name)

_____ (date of birth)

Information may include: ___ treatment summaries, ___ psychological reports, ___ medical history, ___ personal observations, ___ written reports, and ___ behavior rating scales (a) (c).

Our goal is to further assist the care your doctor is able to offer. Information received will be held in the strictest confidence.

Signature: _____

Print Name: _____

Relationship to patient: _____ Date: _____