

Jennifer Heretick, P.A.
Jennifer Heretick Massa, Ph.D.
Licensed Psychologist PY8899
125 5th Street South Suite 201
St. Petersburg, FL 33701
PHONE (727) 386-8231 FAX (727) 823-4067

CONSENT FOR RELEASE OF INFORMATION

I, _____, Birth Date _____, Social Security # _____;
(Print Name)

authorize Dr. Jennifer Massa of Jennifer Heretick, P.A. to *release to/receive from*
(Clinician) (Circle one or both)

_____ the following information:
(Name/Title) (Agency/Address) (Phone #)

(Check all that apply)

- Diagnosis
 Medications
 Phone Consultation
 Treatment Recommendations
 Psychological Evaluation
 Dates of Counseling Sessions (specify semester/year) _____
 Other _____

The purpose of this disclosure is:

- Client/Patient Treatment To Comply with a Referral
 To Comply with a Court Order Other _____

I understand that this information is protected under Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Further, I understand that I may revoke this consent in writing, at any time, except to the extent that action has already been taken. This consent will expire one hundred eighty (180) days from the date of initiation.

Client/Patient Signature: _____ Date: _____

Parent/Guardian Signature (if client/patient is a minor): _____ Date: _____

Witness: _____ Date: _____