

ADD SOI Testing Center
2007 Cedar Avenue
Manhattan Beach, CA 90266
(310) 546-8583

Valerie Maxwell, Ph.D.
2007 Cedar Avenue
Manhattan Beach, CA 90266
(310) 546-6500

CONSENT FOR RELEASE OF INFORMATION OR RECORDS

I hereby authorize Valerie Maxwell, Ph.D. and/or The ADD SOI Testing Center to mutually disclose information and/or records to _____, regarding _____, date of birth ____/____/____, obtained in the course of his/her evaluation, diagnosis and treatment.

This release will remain in effect for one year from the date below unless revoked.

These records are protected by the California Welfare and Institution Code Section 5328. Disclosure shall be limited to the information specified below.

- Clinical Evaluation
- Diagnostic Exam
- Diagnosis
- Results of Psychological/Vocational Tests
- Discharge Summary
- Educational Assessment and Behavioral Report

Signature of client/parent/guardian/conservator

Date

Please sign and date below **only** if you would like **to revoke consent**:

Signature of client/parent/guardian/conservator

Date consent **revoked**

PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I have received and been provided an opportunity to review the Notice of Privacy Practices.

Client Name

____/____/____
Client Birthdate

Signature of client/parent/guardian/conservator

Today's Date

**I UNDERSTAND THAT I HAVE A RIGHT
TO RECEIVE A COPY OF THIS AUTHORIZATION IF I SO REQUEST.**