



THE • WESTWOOD • GROUP

Northside/West End Office

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Southside Office

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Fax: 379-6385

- Teresa A. Buczek, Ph.D.
- John E. Ehrmantraut, Ed.D.

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize
_____ of The Westwood Group,
5821 Staples Mill Road, Richmond, VA, to exchange/release the following
information regarding myself or _____ with

- _____ Summary of Progress Notes/Treatment Intervention/Discharge Summary
- _____ School Grades
- _____ School Achievement Scores
- _____ Previous Educational and/or Psychological Evaluations
- _____ Classroom Observations
- _____ Medical Records
- _____ Other _____

I hereby acknowledge that this consent is given voluntarily, with my informed consent and is valid for 365 days from the date of signature. I further acknowledge that I may revoke this consent (in writing) at any time except to the extent that action based on this consent has been taken.

Signature _____
Date

Witness _____
Date

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.