



Kentlands Kids

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RELEASE OF INFORMATION

I/We, _____, hereby authorize Dr. Michelle New of Kentlands Kids, LLC to release information pertaining to my evaluation and/or psychotherapy sessions to:

for the purpose of: _____
(indicate the specific reason)

I understand that authorization shall remain valid from the date of my signature below and for 12 months thereafter ending on: _____

I/We have been informed that I/We may revoke this authorization by written or oral communication to the Dr. New at any time. I/We certify that this form has been fully explained to me/us and that I/We understand its contents.

Signature of Client or Parent/Guardian

Date of Authorization

Printed Name

Signature of Client or Parent/Guardian

Date of Authorization

Printed Name