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RELEASE OF INFORMATION FOR PEDIATRICIAN

It often can be helpful for your child's physician to know that your child is in therapy, particularly if your child has medical problems or a need for medication. Many insurance companies now request that psychologists have contact with physicians in order to coordinate patient care. You have the right to decide whether or not your child's physician knows of therapy, and I will not release any information without your written consent.

This release will stay in effect unless you change it in writing.

I, _____, hereby authorize
Parent or Legal Guardian of Client

Dr. Catherine Malkin:

_____ to exchange any applicable information with my child's physician

_____ to exchange only medication information with my child's physician

_____ not to exchange any information with my child's physician

Print name of Client

Date of birth

Signature of Client

Date

Name of Parent or Legal Guardian

Relationship to Client

Signature of Parent or Guardian

Name of Physician _____

Address _____

Phone _____ Fax _____