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### RELEASE OF INFORMATION FOR PEDIATRICIAN

It often can be helpful for your child's physician to know that she/he is in therapy, particularly if she/he 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 his/her 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 patient

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Parent or Guardian

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_