



The Atrium
4 Terry Drive, Suite 11, Newtown, PA 18940
Phone: 215-550-1818
e-mail: DrLevy@buckscounty anxietycenter.com
www.buckscounty anxietycenter.com

Release of Information Form

By signing this release, I give my therapist, _____, consent to speak with the care provider listed below regarding my case.

Person/Provider Name:

Relationship to Patient:

Information To Be Released: Diagnosis Treatment Process and Progress
 All Medical Records
 Other (Please specify):

Person/Provider Phone Number:

Person/Provider E-Mail:

Patient's Name:

Date:

Patient's Signature:

Name of Parent or Guardian:

Date:

Signature of Parent or Guardian: