

**RELEASE OF INFORMATION**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

➤ I hereby authorize the RELEASE OF **INFORMATION FROM** the records at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ The information is to be **RELEASED TO:**

**Martha J. Little, M.D., D. Ph.**  
312 Maxwell Road, Suite 200  
Alpharetta, GA 30009  
Office: (770) 772-0909 Fax: (770) 442-1542

➤ The information to be released includes:

- |  |  |
|--|--|
| <input type="checkbox"/> Social History                            | <input type="checkbox"/> Neurological Examination(s) |
| <input type="checkbox"/> Developmental History                     | <input type="checkbox"/> Medication(s)               |
| <input type="checkbox"/> Medical History and/or Physical Exam      | <input type="checkbox"/> Teachers' Observations      |
| <input type="checkbox"/> Course of Treatment                       | <input type="checkbox"/> Discharge Summary           |
| <input type="checkbox"/> Psychiatric Evaluation                    | <input type="checkbox"/> Treatment Recommendations   |
| <input type="checkbox"/> Summary of Hospitalization(s)             | <input type="checkbox"/> Psychological Testing       |
| <input type="checkbox"/> Lab Reports                               | <input type="checkbox"/> HIV/AIDS Information        |
| <input type="checkbox"/> Drug and Alcohol abuse and treatment info | <input type="checkbox"/> Other (Specify): _____      |

➤ The purpose for the release of information is:

- |                              |                              |
|------------------------------|------------------------------|
| a) Coordination of treatment | b) Continuation of treatment |
|------------------------------|------------------------------|

➤ This release shall expire in 5 years, *unless otherwise specified:*

\_\_\_\_\_  
(This release may be revoked at an earlier time by written request received from you.)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date