
1838 El Camino Real, Ste 230
Burlingame, CA 94010

STEPHEN H. CHOU, PSY.D.
CLINICAL PSYCHOLOGIST

1120 W South Boulder Rd Ste 101E
Lafayette, CO 80026

510-209-1911

CA LICENSE NO PSY 19254 / CO LICENSE NO PSY 3891

drstephenhchou@gmail.com

AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL/MEDICAL INFORMATION

Date _____

_____ / _____ is currently receiving services with Stephen H. Chou, Psy.D.
(Client's full name) (Birthdate)

I voluntarily give permission for an exchange of information/records between Stephen H. Chou, Psy.D. and associates (list name(s) and address(es)):

This exchange of information will include relevant information to assessment, evaluation, diagnosis, and treatment, and may include:

1. Medical records
2. Psychological reports
3. Educational records (i.e. SST's, IEP's, teacher reports, academic achievement, etc.)
4. Laboratory results

This consent is subject to written revocation by the undersigned at any time by writing a note of cancellation and giving it to Stephen H. Chou, Psy.D. and associates except to the extent that action has already been taken in reliance thereon and, if not earlier revoked, this consent expires 1 year after the above date. My consent for this release of information is effective for _____(time frame) or until _____ condition is met.

Client/Parent or Guardian Signature

Date

Stephen H. Chou, Psy.D.

Date