



27780 Novi Rd, Suite 107
Novi, Michigan 48377
WWW.ANAN-ASSOCIATES.COM



RELEASE OF INFORMATION

I (client's name) or (parent's name on behalf of client), _____

authorize : _____

to disclose to Anan & Associates information about the individual listed above as it relates to his or her psychological treatment. The disclosed information may be in the form of written medical reports/records, behavior rating scales, questionnaire data, or educational records/forms. I also give permission for Anan & Associates and the above listed agency or individual to discuss information about the client on the phone or via email, as it relates to his or her psychological treatment.

The consent to disclose information may be revoked at any time by the person who signed it. In order to do this, a written request not to disclose information needs to be sent to the person to whom this release was intended and to Anan & Associates. This revocation needs to be signed and dated. Otherwise, this release of information will expire one year after it has been signed.

Signature of client (if appropriate)

Date

Signature of parent or legal guardian

Date

Witness

Date