

# CPS

## COMPREHENSIVE PSYCHIATRIC SERVICES

A Medical Group

3100 Oak Road, Suite 270

Walnut Creek, CA 94597

(925) 944-1733

(925) 944-9709 FAX

### RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize and request the following information regarding  
\_\_\_\_\_, \_\_\_\_\_, to be  released or  exchanged.  
(patient's name) (date of birth)

<b>From:</b> Clinician: _____ Comprehensive Psychiatric Services	<b>To:</b> Name: _____ Address: _____ _____ Phone#: _____ Fax#: _____
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<b>From:</b> Name: _____ Address: _____ _____ Phone#: _____ Fax#: _____	<b>To:</b> Clinician: _____ Comprehensive Psychiatric Services
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Information relevant to the following is specifically requested:

- Evaluations
- Psychological Testing Results
- Medical Records
- Other: \_\_\_\_\_
- Treatment Plans
- Progress Notes
- Discharge Summaries

For date(s) of service: \_\_\_\_\_ or  Any/all previous treatment dates.

This release shall be effective from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Date

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