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AUTHORIZATION FOR RELEASE OF INFORMATION

Specific information to be released:

1. Verbal/Telephone Update:
2. Written treatment records:
3. Discharge and Intake summary:
4. Other:

FROM Dr. Barts to another hospital, facility, or provider.

I hereby authorize Dr. Barts to release the above information to the following people or facilities:

Name:

Relationship to Client:

Address:

Phone Number:

Fax Number:

Email*:

*Provision of email contact constitutes permission to communicate with the individual named here by email. Please note that confidentiality cannot be guaranteed for email communication.

TO Dr. Barts from another hospital, facility, or person.

I hereby authorize the following people or facilities to release the above information to Dr. Barts.

Name:

Relationship to Client:

Address:

Phone Number:

Fax Number:

Email*:

*Provision of email contact constitutes permission to communicate with the individual named here by email. Please note that confidentiality cannot be guaranteed for email communication.

_____ Your Signature _____ Your Name
_____ Today's Date