TMR MENTAL HEALTH CARE PC

Licensed Psychotherapists, Psychiatric Nurse Practitioners, Dieticians

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Phone: 201-678-1802
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Release of Information

My Signature below releases TMR Mental Health Care PC and any and all affiliates from confidentiality regarding myself and/or my minor child ***(patients name)***. I authorize ***(Insert Providers Name & Credential here)*** and affiliates of TMR Mental Health Care PC to communicate with the below named individuals and organizations for the purpose of gathering and exchanging information relevant to psychotherapeutic treatment of me and/or my child. This information may include, but is not limited to clinical impressions, family history, social history, educational history, medical treatment, psychological testing, etc.

Please write the Name, Address, Phone, and Fax Number to the person or organization that you would like TMR to release your information:

Full Name: Title:

Email: Company: Phone:

A photocopy of this release shall be considered valid.

This release expires one year from the date below.

Print Name:

Signature:

Date: