Partners in Healing OF MINNEAPOLIS
A CENTER FOR HOLISTIC HEALTH

David S. Alter, PhD, Licensed Psychologist
Diplomate in Clinical Health Psychology
American Board of Professional Psychology
Fellow, Academy of Clinical Health Psychology
Diplomate in Clinical Hypnosis
American Board of Psychological Hypnosis
Clinical, Health & Neuropsychological Services

Authorization for Release of Confidential Information

The information you disclose is confidential and legally protected, except in specific circumstances that you may discuss with me. I will not disclose any information that you share with me with anyone outside my office, unless I am obligated to do so by law, or you give me written permission to do so. By completing this form you are providing your written consent for me to share information that you specify below with the person(s)/agency you specify.

I hereby authorize **David S. Alter, PhD** to share information with the parties named below in the manner I indicate.

Release Information

Obtain information

Exchange information

Name, Address, and Phone No. of person with whom Information is to be shared

Name, Address, and Phone No. of person with whom information is to be shared

I authorize the release or receipt of the following information:

Summary of my history & diagnostic interview

Psychological/Neuropsychological evaluation findings

Other, as noted:

Psychotherapy Notes

Phone Discussion

Your Name

Today's Date

Your Address

Number(s) to Contact You

Email Address

Your Signature

This authorization expires one year from the date signed (above) or the date you designate below.