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AUTHORIZATION FOR EXCHANGE OF INFORMATION

Name _____ Birthdate _____

I authorize Eric Endlich, Ph.D. to release any information contained in my record to

Phone _____ Fax _____

I further authorize the above person or agency to release any information contained in my record to Eric Endlich, Ph.D.

I understand this information is not to be released to any other person or agency without my express consent, except where provided by law. I understand that I may revoke this consent to release information at any time.

Length of authorization: 180 days

Signed

Date

Please send information to Eric Endlich, Ph.D. at the above address/fax. Thank you.