

Yana Peleg, Ph.D.
Licensed Psychologist

Authorization for Release and Exchange of Confidential Information

Child's Full Name _____ Date of Birth _____

I (Parent or Guardian), _____ give my permission for release and exchange of information and records between Yana Peleg, Ph.D. and

Name _____

Address/Phone _____

The information released will include diagnosis, summary of psychological and psychiatric history and treatments, results of psychological testing and educational assessments, medical information, treatment plan and prognosis, and on-site consultations and observations.

Other information released _____

(Parent/ Guardian Signature)

(Date)