

Stephen Sprinkle, Ph.D.
Licensed Psychologist, CA PSY 21849
3252 Holiday Court, Suite 201; La Jolla CA 92037
858-349-6576 (voice or text); 858-777-9609 (fax)
steve@drstevesprinkle.com
www.drstevesprinkle.com

**AUTHORIZATION FOR RELEASE OF
PROTECTED HEALTH AND CONFIDENTIAL INFORMATION**

Name: _____

Date of Birth: _____

I _____ authorize **Dr. Stephen Sprinkle** to exchange the following protected health or other confidential information (*initial where applicable*):

___ ***Acknowledge referral and confirm participation in treatment***

___ ***Treatment summary, plan, diagnosis, and recommendations***

___ ***Full treatment record***

___ ***Other:*** _____

with _____

for the purpose of coordinating support and treatment. I understand that this authorization is voluntary and can be revoked at any time by contacting Dr. Sprinkle. If I don't revoke the authorization beforehand, the authorization will remain in effect until (*initial where applicable*):

___ ***one year from now*** OR ___ ***specify end date:*** _____.

Signature

Date