

The Office of
ELLEN DYE, Ph.D.

Clinical Psychologist

6325 Executive Boulevard
Rockville, MD 20852
Telephone (301) 770-0275
Fax (301) 770-0276

Exchange of Information

I, _____

give Ellen Dye, Ph.D. permission to exchange information for the coordination of treatment with the persons/agencies below:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

I understand that this release may be canceled by me in writing at any time and that the information may only be used for therapeutic purposes. I understand and agree that no liability of any nature shall attach to Ellen Dye, Ph.D. in acting upon this authorization and request.

Client: (print): _____

Client (sign): _____

Parent/Guardian: _____