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Authorized for Release of Confidential Information

I, _____ SS# _____
Hereby authorize Marie M. O'Hara, Ph.D to:

- _____ release information to
- _____ obtain information from
- _____ exchange information verbally with

Name: _____

Street: _____

City/State/Zip: _____

The information will be used on my behalf for the following purpose(s):

This authorization is limited for the following time period: _____

This authorization may be revoked at any time, except when the action has been taken in reliance upon the authorization. Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

Name Date Witness Date