



AHWI Psychology Group

5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax
www.ahwipsych.com

RELEASE OF INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

I hereby authorize you to release information from:

Name: _____

Address: _____

Phone: _____ Fax: _____

I hereby authorize you to release information to:

Dr. Ashvind N. Adkins Singh/AHWI Psychology Group
5100 The Toledo
Long Beach, CA 90803
(P) 562.439.3425 (F) 562.433.5522

Information to be released: _____

I certify that this authorization is made voluntarily. I understand that the information to be released is protected under State and Federal laws and cannot be re-disclosed without my further written consent unless provided for by State and Federal law. I understand I have the right to revoke this authorization, in writing, and time, except to the extent that the action has already been taken. If not revoked, this authorization will expire one year from the date of signature.

Signature of Client or Parent or Legal Guardian

Date

Print Name

Relationship to Client

[] I withdraw or decline consent to release information

Date