

Grace C Graham, Psy.D.
Licensed Clinical Psychologist / Expert Witness
2701 Broken Bow Circle
Plano, TX 75093
Telephone: 469467-7595
Fax: 469467-0916
Email: dr.gracegraham@gmail.com

General Authorization for Release of Information

The undersigned, _____ hereby authorizes

(Please Print your name here)

Dr. Glace C. Graham, Psy.D. and/or her agents, representatives, or employees to accumulate and exchange any and all information with any person that Dr. Graham reasonably believes may be relevant to this consultation. I further authorize her to examine all medical and hospital records, including charts, photographs, bills, electronic or videotape recordings and any other data compilation which relate to or concern any physical or mental condition and subsequent rendered to:

I have read this General Authorization and I understand it fully, and voluntarily sign:

Client, Parent, or Managing Conservator

Date