Eric Herschman, Psy.D.
Licensed Psychologist #3085

2 West Hanover Avenue, Suite 203
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46 Main Street, Suite 201
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Records Release Authorization

To: Eric Herschman, Psy. D.

I _____, hereby request that you

Release to:

Eric Herschman, Psy.D.
2 West Hanover Avenue, Suite 203
Randolph, NJ 07869

Release all pertinent information regarding me (or to my/our dependent child) to Eric Herschman, Psy.D. I also give consent for _____ to speak to and share information with Eric Herschman, Psy.D.

I understand that this is for the purpose of:

_____ Assessment _____ Communication

_____ Treatment planning _____ Sharing of records

I further understand that I have no obligation whatever to disclose the requested information and that I may revoke this consent at anytime by informing in writing any of the named individuals.

In consideration of this consent, I hereby release the above parties from any legal liability resulting from the release of this information.

_____ and/or_____ Date: _____
Client Parent/Guardian