

Jill Gottlieb, PsyD
Licensed Psychologist

RELEASE FOR THE EVALUATION AND TREATMENT OF A MINOR

As parent or legal guardian of _____

I authorize his/her evaluation and treatment. As parent or legal guardian, I have the right to request information concerning the above minor's evaluation and treatment.

Signature of Parent or Legal Guardian of minor _____

ACKNOWLEDGEMENT OF RECEIPT-NOTICE OF PRIVACY PRACTICES:

I am aware of the Joint Notice of Private Practices. I am aware that the Notice may be changed at any time. I may obtain a copy of the Notice by requesting one at Dr. Gottlieb's office.

Signature of Parent or Legal Guardian of minor _____