

**Jill Gottlieb, PsyD**  
Licensed Psychologist

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10224 Hickorywood Hill Ave.  
Suite 101A  
Huntersville, NC 28078

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Client's Name:

Parent's Name (if applicable):

Client's DOB:

**RELEASE/EXCHANGE OF INFORMATION**

We give permission for Jill Gottlieb, PsyD to RELEASE/ EXCHANGE information on the above client to:

The information shall include:

The purpose of the RELEASE/EXCHANGE of information is:

Furthermore, it is our understanding that this released information shall be held in confidence, and only the person, agency, or practice from which the information originated is entitled to release the information. Information gathered from other professionals, health facilities, etc., will not be shared by this practice with others.

Client's or Guardian's Signature:

Date of Client's Signature:  
(Valid for 1 year)

