



DR. NICOLE PRAY, PhD

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RELEASE OF INFORMATION

I, _____, authorize: Nicole Pray, Ph.D.

to: _____ release
_____ request

3. confidential information regarding:

_____ myself
_____ my child (list names) _____

4. If confidential information regarding a child is to be exchanged, I certify that I am the child's:

_____ parent
_____ legal guardian

5. Information to be exchanged with:

name _____
address _____

phone _____
fax _____

6. The information to be exchanged includes (check all that apply):

_____ medical/psychiatric records	_____ treatment summary
_____ school records/teacher observations	_____ arrest records
_____ progress notes	_____ diagnoses / background info
_____ psychological report	_____ custody/visitation records
_____ other (specify) _____	

7. The purpose for the exchange of confidential information:

_____ treatment planning	_____ psychological evaluation
_____ child custody evaluation	_____ case planning
_____ parent coordinator services	
_____ other (specify) _____	

8. This consent expires on: (expires in 1 year from today's date) _____
(day / mo / yr)

9. _____
signature _____ date _____