



Yvonne Fritz, Psy.D.
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Psychological Services

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 Servicing clients in North and Central
 Texas and Southern Nevada

Authorization to Obtain, Release, and Exchange Clinical Information

Completing and signing this form will allow Yvonne Fritz, Psy.D./ Mojave Meadows Psychological Services to obtain, release, and exchange privileged, confidential, and protected information from your clinical record(s) to and/or from the person or entity you designate below.

Client's Printed Name: _____ Date of Birth: _____

My signature below authorizes Yvonne Fritz, Psy.D./ Mojave Meadows Psychological Services to obtain, release, and exchange clinical information to and/or from:

Name: _____

Address: _____

Telephone: _____

Fax: _____

I want Yvonne Fritz, Psy.D./ Mojave Meadows Psychological Services to obtain, release, and/or exchange the following clinical information (as indicated by checkmarks below) contained within my client / treatment / office records:

- Appointment dates
- Clinical interview information
- Progress / Therapy / Case notes
- Psychological assessment / test results
- Other: _____

- Psychological testing / assessment raw data (e.g., protocols, transcripts, worksheets, etc.)
- Any written opinions regarding the referral question addressed in a psychological evaluation

This authorization will remain in effect until _____ or
for 12 months from the date of signing, whichever is sooner.

I understand I have the right to revoke this authorization, in writing, at any
time by sending such written notification to Yvonne Fritz, Psy.D. office address.
I further understand that my revocation will not be effective to the extent that
Yvonne Fritz, Psy.D./ Mojave Meadows Psychological Services has taken
action in reliance upon this signed authorization.

Client or Guardian's Signature

Date
