



# Release of Information Form (ROI)

## Release of Information (ROI) Form

I authorize Compass Psychological Evaluation to:  Release Information to  Obtain Information from

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Information to Be Released/Obtained:

Evaluation Report

Diagnoses

Treatment history

School/medical records

Other: \_\_\_\_\_

This authorization is valid for one year unless revoked in writing.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Patient/Parent/Guardian: \_\_\_\_\_

Return ROI Form to the confidential email: [info@compasspsycheval.com](mailto:info@compasspsycheval.com)