Dana S. Iyer, Ph.D.
Clinical Psychologist
PSY 18695

RELEASE OF INFORMATION

I have been notified regarding Dr. Dana Iyer's privacy practices.

I, _____, hereby authorize Dr. Dana Iyer to disclose information regarding my diagnosis and treatment to:

_____

_____

This disclosure (circle one) does/does not include written documentation.

If I need to be contacted by phone, please contact me only at:

Home: _____

Work: _____

Cell Phone: _____

**You have my permission to leave a message/voice mail Yes No

Written communications should be sent to me at:

Home: _____

Other: _____

This release takes effect on the date signed.

I have received a copy of this release for my own records.

_____ _____

Date Signature of Client

_____ _____

Date Dana S. Iyer, Ph.D.

23276 South Pointe Drive, Suite 108 • Laguna Hills, CA 92653 • 949.701.5544