

CORNERSTONE

Psychological Associates, PLLC--

1755 Westgate Drive, Suite 260
Boise, Idaho 83704

Phone: (208) 373-0790

Fax: (208) 373-0816

Release of Information Summary Form

Your Name: _____

Date: _____

Your Personal Information

Individual Counseling:

Contact Name	Phone #
_____	_____
_____	_____
_____	_____
_____	_____

Relationship Counseling (Specify which partner participated):

Contact Name	Phone #
_____	_____
_____	_____
_____	_____

Psychiatric or Medication Management/ Hospitalization:

Contact Name	Phone #
_____	_____
_____	_____
_____	_____

For Office Use Only

Release Provided	Records Received
_____	_____
_____	_____
_____	_____
_____	_____

Release Provided	Records Received
_____	_____
_____	_____
_____	_____

Release Provided	Records Received
_____	_____
_____	_____
_____	_____

Form E.2

Information Regarding Children

For Office Use Only

Child Name: _____

Contact Name	Phone #
_____	_____
_____	_____
_____	_____

Release Provided	Records Received
_____	_____
_____	_____
_____	_____

Child Name: _____

Contact Name	Phone #
_____	_____
_____	_____
_____	_____

Release Provided	Records Received
_____	_____
_____	_____
_____	_____

Child Name: _____

Contact Name	Phone #
_____	_____
_____	_____
_____	_____

Release Provided	Records Received
_____	_____
_____	_____
_____	_____

Child Name: _____

Contact Name	Phone #
_____	_____
_____	_____
_____	_____

Release Provided	Records Received
_____	_____
_____	_____
_____	_____

Use the back side of this form or attach other pages if more room is required.