

McLean Psychiatric Services LLC  
1499 Chain Bridge Road, Suite 100  
McLean, VA 22101  
Phone: (703) 336-2406 Fax: (703) 646-7584

## **Release of Information Form**

**Patient's Name:**

**Date of Birth:**

I hereby authorize Richard K. Kim, M.D. with McLean Psychiatric Services LLC to **DISCLOSE** my individually identifiable health information to the person or organization below:

**Name/Organization:**

**Street:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**

**Fax:**

**Purpose of Disclosure (e.g. communication regarding my treatment):**

This authorization to release medical records and my personal health information includes but is not limited to progress notes, evaluations, consultations, tests, and demographic information, related to my medical history, mental health history, or substance abuse history--**unless limitations on the information to be disclosed is specified:**

**Patient or Parent / Guardian Signature:**

**Date Signed:**

This authorization will remain valid for one year from the date of signature unless revoked by me, which I may do at any time. I understand this information is protected by federal and state confidentiality laws and may not be disclosed without authorization or unless required or permitted by law.