Constance Alexander, MD
Jordan Spencer, DO
Kara Gay, PA-C
Jennifer Hayes, PA-C
Silvia Morasca, PA-C
Shauna Ferrese, Ph. D LPCS
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Samantha Maietta, LPC
Victoria Faciane, LPC
Ally Hunt, LPC-A
1616 & 1620 Ashley River Road
Charleston, S.C. 29407
Phone: 843.556.8177
Fax: 843-571-2742

Consent for Release of Information

I, _____ authorize Barrier Islands Psychiatry to…
(Print name & date of birth)

Disclose Information to / **Obtain** Information from (Circle one)

_____
Name/Agency

_____
Address

_____ _____
Phone Number Fax Number

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (ie: Legal charges of proceedings)

The following Information:

_____ Client Progress Notes
_____ Telephone Exchange of Information
_____ Billing/Payments
_____ Labs
_____ Appointments
_____ Other: _____

_____ _____
Signature Date