



# Louisa Psychological Consulting, P.C.

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## CONSENT TO EXCHANGE INFORMATION

I, \_\_\_\_\_,

am signing this form on behalf of NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_

My relationship to the child is:  Parent  
 Guardian (specify): \_\_\_\_\_

I want the following confidential information to be exchanged: Educational records, results of assessments and/or evaluations, medical records, psychological, psychiatric, or any other mental health records.

I want Aleta E. Strickland of Louisa Psychological Consulting, P.C, to be able to exchange information with the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent is good until: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_