

# Mentis Forensic Psychiatry LLC

Dr. Nicole Dorio

P.O. Box 248, Stewartville, NJ 08886

Phone: 908-458-6670

[nicole.dorio@mentisforensicpsychiatry.com](mailto:nicole.dorio@mentisforensicpsychiatry.com)

<http://www.mentisforensicpsychiatry.com>

## Release of Information

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

I, \_\_\_\_\_, authorize the individuals and/or institutions below to release any and all information related to my treatment and medical/social/psychiatric history to Dr. Nicole Dorio.

I authorize Dr. Dorio to discuss my treatment with the parties named below for the purpose of facilitating my treatment. I understand that Dr. Dorio will only discuss details of my treatment necessary to my care.

(Please list the parties covered by this release.)

Name	Phone	Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I may revoke this consent at any time by delivering written, signed notice to Dr. Dorio by hand or by certified mail.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Consenting Party  
(if patient is under 18 years old)

\_\_\_\_\_  
Printed Name of Consenting Party

\_\_\_\_\_  
Date