

**C2 Your Health, PC**  
8720 Forest Hill Avenue  
North Chesterfield, VA 23235  
P (804)-325-1669, F (804)-325-1670

**Authorization to Release/Request Medical Information**

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Name (if patient is a minor): \_\_\_\_\_

I hereby give: (check provider)

- Erin Hawkins, LCSW
- Carrie Kerr, LCSW
- Christine Lamps, LCSW
- Dr. Christopher Lamps, MD, FAACAP
- Lynda Leslie, LCSW
- Dr. Sarah McElroy, PhD, LCP
- Elizabeth Shurte, MA

Authorization to:

- Release Information:
- Request Information:
- Discuss Information with:

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Covering the periods of treatment from: \_\_\_\_\_ to \_\_\_\_\_ OR  ALL DATES

Information Requested:

- Records
- Lab Work
- Coordination of care w/ another provider (treatment plan, disability, legal)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby understand there is a 7-10 business day processing period. I have been informed that this release remains in force as for the duration of treatment at C2 Your Health, PC unless otherwise noted in writing. A photocopy of this form is considered as valid as the original and is protected by Federal law and HIPAA regulations.