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RELEASE OF CONFIDENTIAL INFORMATION

I \_\_\_\_\_ ( ) authorize \_\_\_\_\_  
\_\_\_\_\_ to disclose (type, amount, and time period of information to be  
disclosed) \_\_\_\_\_  
to \_\_\_\_\_ for the purpose of \_\_\_\_\_  
\_\_\_\_\_.

The designated information about myself ( ) may ( ) may not be transmitted by fax,  
electronic mail, or other electronic file transfer mechanisms. The provider of the  
information and the recipient designated above ( ) may ( ) may not discuss by telephone  
the content of the information released.

This request and authorization to release information is based on my understanding of the  
content of the records, the use of the information once it is released, and my  
understanding that the sources providing the information cannot be responsible for the  
protection of privacy once the information is conveyed. I release the source of  
information from all liability arising from the release.

I understand that the recipient of the requested information is prohibited by federal law  
(Code of Federal Regulations 42, Part 2) from making any further disclosure without my  
specific written permission with the exception that the information obtained may be used  
in the completion of a court-ordered evaluation or in subsequent court testimony.

I understand that this release of information is intended to allow me to provide my  
informed consent for the exception in confidentiality and the protection of my privacy as  
guaranteed under federal law.

This consent is subject to revocation at any time except to the extent that the disclosure  
has already taken place and Dr. Murphy or another has relied upon said disclosure in the  
formulation of his or her forensic conclusions. If not previously revoked, this consent  
will revoke at the time the final report is submitted.

\_\_\_\_\_  
Examinee/Client Name

\_\_\_\_\_  
Date