

East Bay Psychopharmacology Group
3860 Blackhawk Road, Suite 120
Danville, CA 94506
925 264-4069 Phone, 925 277-1116 Fax
www.Eastbaypharm.com, Email: ebpgoffice@comcast.net

Consent to Release and Exchange Information

Patients First Name _____ Last Name _____

Is Patient over 18 years old? _____

If no, Guardian's Name _____

I am requesting you to provide all pertinent medical information about the patient listed above to East Bay Psychopharmacology Group. This information may be in electronic form such as a PDF file sent via email (ebpgoffice@comcast.net) or by hard copy mailed to above address.

I am giving my consent to both parties to share and exchange information as appropriate for the care of the patient.

Professional _____

Business Name _____

Address _____ City _____

State, Zip _____ Phone _____ Email _____

Signature of Patient (if over 18 years of age) _____

Signature of Guardian _____ Date _____