Affiliated Psychological Services

7293 Dumosa Ave. #8. Yucca Valley, CA. (760)369-7166
6274 Adobe Rd. 29 Palms, CA. 92277. (760)367-3290
Fax (760) 369-7167

Third-Party Release

Date: _____

Patient Name: _____ DOB:_____

I, _____, grant permission for,
_____, to call and make or change appointments on my behalf.

I also understand that this consent does not grant permission for copies of any medical records and that I am still financially responsible for any co-pay and deductible amounts as well as any no show charges I may incur.

_____ _____
Client Signature Date

_____ _____
Signature Date

File under misc tab