Christopher Bir, M.D.

Child, Adolescent, and Adult Psychiatrist

McLean Professional Park
1497 Chain Bridge Road, Suite 105
McLean, VA 22101
Phone: 703-749-3003, Fax: 703-749-3004

Authorization For Release Of Information

I, ____ hereby consent to and authorize Dr. Christopher Bir to ☐ release to ☐ receive from:

____

____

____

____

any and all information and records including diagnosis, treatment, history, laboratory data, imaging data, and psychological testing. In addition, I hereby authorize Dr. Christopher Bir to discuss any and all aspects of my treatment with the above identified person/party and to provide them with records of my treatment as treatment may indicate.

I also understand that my insurer may require information regarding my treatment. I agree to have this information released as requested.

This authorization will terminate in one year from the signed date or when I have requested in writing to do so.

___________________________________ ____________________ ____________________

Signature Date Date Of Birth

___________________________________ ____________________

Witness Date