

**CAROLINE C. BATENBURG, M.D.**  
**Child, Adolescent and Adult Psychiatry**

Date: \_\_\_\_\_

For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regarding:  
Patient's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Social Security: \_\_\_\_\_

Dear \_\_\_\_\_,

Please disclose the following: **(Initial next to the appropriate boxes)**

- |  |   |
|--|---|
| <input type="checkbox"/> all medical records                     | <input type="checkbox"/> discharge summary                              |
| <input type="checkbox"/> verbal communication                    | <input type="checkbox"/> lab work                                       |
| <input type="checkbox"/> written information regarding treatment | <input type="checkbox"/> psychological testing <input type="checkbox"/> |
| other _____  |   |

To: Caroline C. Batenburg, M.D.  
189 E. Austin St., Ste. 105  
New Braunfels, TX 78130

Phone # 830-606-0955  
Fax # 830-625-4956

Consent for Dr. Batenburg to release the following to you:

- |  |  |
|--|--|
| <input type="checkbox"/> all medical records                     | <input type="checkbox"/> discharge summary     |
| <input type="checkbox"/> verbal communication                    | <input type="checkbox"/> lab work              |
| <input type="checkbox"/> written information regarding treatment | <input type="checkbox"/> psychological testing |
| <input type="checkbox"/> other _____                             |  |

The reason for the disclosure is

- |   |
|---|
| <input type="checkbox"/> continuation of care     |
| <input type="checkbox"/> disability determination |
| <input type="checkbox"/> other _____              |

My medical records may include information regarding diagnosis and treatment of DRUG, ALCOHOL, ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), or PSYCHIATRIC DISORDERS. I understand that requested copies will be subject to a reasonable fee. I understand that I may revoke this permission only by giving written notice to Caroline C. Batenburg, M. D.

Date \_\_\_\_\_

**Signature of Patient/Parent or Guardian** \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_