



**Fayetteville
Psychotherapy
Associates, PLC**

Psychotherapy for Difficulties in Love, Work, Mood, & Creativity™

**William E. Spaine, Psy.D.
(479) 442-8900**

Release of Liability

I, _____, hereby acknowledge that **William E. Spaine, Psy.D.** released
(patient or authorized representative PRINTED name)

the following information to me at my request: _____

This information pertains to:

Patient name: _____ Date of birth: _____
(patient printed name)

Dates of treatment: from _____ to _____

The therapist listed above and Fayetteville Psychotherapy Associates, PLC are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

I understand that once the above information is disclosed, it may be re-disclosed by the designated recipient and the information may no longer be protected by Federal privacy laws and regulations.

I have been advised that there may be information in the above named documents that may be confusing or hurtful to me as a layperson if I choose to review the information on my own. I have also been advised to discuss this information with a qualified mental health professional if I choose to review these documents myself.

I agree to pay the copying cost, including other expenses allowed by law, as outlined in the Psychotherapist-Patient Services Agreement.

I understand that my therapist will not condition treatment, payment, enrollment or eligibility for benefits upon the signing of this authorization.

Signature of Patient or Legal Representative _____ Date: _____

If Legal Representative, authority of Legal Representative _____
(such as parent of a minor, court-appointed guardian, administrator of estate of deceased)

**515 Cane Island Road, Flippin, AR 72634
Phone: 479-442-8900
www.faypsych.com**

Fayetteville Psychotherapy Associates is not a partnership or joint venture. It is an unincorporated association of practitioners, each of whom is an independent contractor.

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