

# *Elizabeth Call, PsyD*

LICENSED CLINICAL PSYCHOLOGIST

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**Release of Information:**

If we have agreed that conversations with previous treatment providers or other individuals would be helpful for your healing, we will list the names and contact information of those individuals below and you may sign to give me permission to contact them. I will always let you know when I have spoken to one of these contacts and will answer any questions you may have about the conversation.

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Client Signature: \_\_\_\_\_

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