

Information Authorization and Release Form

(Acknowledgement Form)

This release form shall apply to Roy Steinberg, PhD and all other persons associated with the CaregivingforCaregivers.com Internet site. I understand that this form authorizes Dr. Steinberg to collect information about me over the internet. In particular, this form allows Dr. Steinberg, a geriatric psychologist, to collect information in connection with the "Online Assessment" on his CaregivingforCaregivers.com Internet site so that he can do an initial screening of my memory or overall cognitive functioning (the "Assessment"). The information collected will be used for such purpose at the discretion of Dr. Steinberg.

I, being of legal age, hereby consent that the information concerning me may be used by Dr. Steinberg in connection with the Assessment and further consent to his providing the Assessment report directly to _____ at the following email address: _____ and further consent to any follow up conversations Dr. Steinberg may have with _____ concerning my information or the Assessment. I understand that I may revoke this authorization at any time in a writing provided to Dr. Steinberg. I hereby remise, release and forever discharge Dr. Steinberg and all other persons associated with the CaregivingforCaregivers.com Internet site from any and all claims that I could have arising from the disclosure of any information, as provided in this Authorization and Release Form, including information that could be deemed to be privileged, confidential or otherwise private.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____, this ____ day of _____, 20____

Name: (Print) _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness:

Name: (Print) _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Please fax the completed Authorization and Release Form to Dr. Steinberg at **856-782-1944** in connection with your submission for an Online Assessment.