

— Journey to New Hope —

Journey2NewHope.com

Release of Information Journey to New Hope

I, _____ (name), give permission to Dr. Chakoian to contact my other providers regarding issues pertinent to ketamine therapy and other medical and psychotherapeutic questions. I give permission for information to be shared in both directions including regarding my mental health and its treatment. *I also give Dr. Chakoian and my providers to withhold information if they feel it is in my best interest.* This can include verbal communication, fax, paper, and other secure methods of sharing information. This can include information about treatments, diagnoses, clinical history that is pertinent, and thoughts/impressions of the practitioner.

This permission can be revoked at any time at the patient's will.

Specifically, if Dr. Chakoian is prescribing ketamine to be taken in my therapist's office, my therapist is asked to report each session to Dr. Chakoian *including a count of ketamine troches in my possession.*

Physicians/practitioners/therapists who should be included are:

_____ (therapist name) ☐ Check here if the permission
extends to all members of
my therapist's group

_____ (therapist's location or business name)

_____ (psychiatric medication prescriber)

_____ (Prescriber's location or business name)

_____ (other practitioner)

_____ (other practitioner's location or business name)

_____. (Signature and date)