



COMPSYCH<sup>®</sup>


RELEASE OF INFORMATION FOR SUPERVISORY REFERRALS

I, Christopher A. Roller, authorize ComPsych to release the following information:

- I have kept my initial appointment for evaluation
- Course of treatment was recommended
- I am following the recommended course of treatment
- I completed the recommended course of treatment
- Results of any Drug and/or Alcohol tests, if applicable

to Joseph Zompa, M.D., Michele Bock, R.N. and Stu Brown  
*Name of referral contact*

for the purpose of determining my compliance with the company's policies and procedures. This authorization is subject to revocation by me at any time, except to the extent that action has already been taken. This authorization shall terminate six (6) months from the effective date unless otherwise specified. I understand that this information will be used only for the purpose noted above and will not be disclosed to any other person or agency without my written permission. I further understand that I have the right to inspect and copy the information to be disclosed.

  
Employee's Signature

18 FEB 2002  
Date

\*\*\*\*\* APPOINTMENT INFORMATION \*\*\*\*\*

CHRISTOPHER ANTHONY ROLLER

Claim: 600164

We have made an appointment for you with:

MARK R SMITH PHD  
HUTCHINSON COMM COUNSELING CTR  
1091 HWY 15 S  
HUTCHINSON MN 55350

DATE: SEPTEMBER 18, 2003  
DAY: THURSDAY  
TIME: 08:00 AM

(320) 587-2939

Type of Exam: Psychological/Psychiatric

Reason for Exam: BIPOLAR DISORDER

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NOTE THE FOLLOWING SPECIAL INSTRUCTIONS:

- Bring identification (driver's license, eg.) with you to the exam.
- This examination may take up to an hour to complete.
- If you use medication for your condition, continue to take your medication as usual on the day of the exam.
- If possible, do not bring children who need supervision to the exam. If you bring children, you should have another adult with you to supervise them while you are being examined.
- See the enclosed map for directions. If questions, call your disability examiner at the number listed below.

Bob Stratton  
Disability Examiner

Local Phone: (651) 297-2460  
Toll Free: (800) 657-3582  
Fax: (651) 297-7322, (800) 366-2558



Minnesota Department of  
**Economic Security**

P. O. Box 64709 • St. Paul, Minnesota 55164

Disability Determination Services

(651) 296-2574 • TTY/TDD (651) 297-4045 • FAX (651) 297-1650

\*\*\*\*\* THIS IS A REMINDER \*\*\*\*\*

CHRISTOPHER A ROLLER  
205 E CHESTNUT ST  
REDWOOD FALLS MN 56283

September 11, 2003

CLAIM: 600164

APPOINTMENT INFORMATION:  
DATE: SEPTEMBER 18, 2003  
DAY: THURSDAY  
TIME: 08:00 AM  
PHONE: (320) 587-2939

APPOINTMENT WITH:  
MARK R SMITH PHD  
HUTCHINSON COMM COUNSELING CTR  
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- See the enclosed map for directions. If questions, call your disability examiner at the number listed below.

If you fail to keep this appointment without notifying our office in advance, we will make a decision based on the information in your file. This could result in a finding that you are NOT disabled.

Bob Stratton  
Disability Examiner

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