CLINICAL NEUROPSYCHOLOGY ASSOCIATES

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Diplomates in Clinical Neuropsychology ♦
Certified School Psychologists +
Certified Cognitive Rehabilitation Therapist *
Certified Biofeedback Therapist ●

Authorization Form

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I, _____, authorize Clinical Neuropsychology Associates and/or its administrative and clinical staff to release:

_____

This information should only be released to:

_____ _____

_____ _____

I am requesting Clinical Neuropsychology Associates to release this information for the following reasons: ("at the request of the individual" is all that is required if you are my patient and you do not desire to state a specific purpose.):

_____

This authorization shall remain in effect until _____ or earlier upon the receipt of written request from the patient:

_____

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that Clinical Neuropsychology Associates has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that Clinical Neuropsychology Associates generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of this information and no longer protected by the HIPAA Privacy Rule.

_____ _____ _____

Signature of Patient/Guardian Relationship to Patient Date

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.