NEUROBEHAVIORAL ASSOCIATES

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AUTHORIZATION TO DISCLOSE RECORDS

☐ **Neuropsychological Report** ☐ **Other:** _____

Patient Name: _____ **DOB:** _____

Specific information to be disclosed: _____

Purpose for disclosure: _____

I understand that my records are protected under the applicable state law governing health care information that relates to mental health services under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically no later than one year from today's date. I understand that this authorization is voluntary, and that the patient's evaluation will not be affected if I do not sign this form.

_____

(Specification of other date, event, or condition upon which this consent expires)

☐ Release

I, _____
hereby authorize _____
of NeuroBehavioral Associates to
release information (checked above) to:
_____
_____
_____
Ph: _____ Fax: _____
Date: _____

_____
Patient/Parent or Legal Guardian

_____
Witness

☐ Obtain

I, _____
hereby authorize _____
of _____
_____
Ph: _____ Fax: _____
to release information (checked above) to
_____
of NeuroBehavioral Associates
Date: _____

_____
Patient/Parent or Legal Guardian

_____
Witness

Notice of Prohibition on Redisclosure to Recipient of Information

This information has been disclosed to you from records, the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.