Child and Adolescent Neuropsychology

Child and Adolescent Neuropsychology, LLC
5100 Eden Avenue, Suite 109, Edina, MN 55436
952-388-7088 | CAN-Psych.com

AUTHORIZATION FOR RELEASE/REQUEST OF INFORMATION

PATIENT NAME: _____ DATE OF BIRTH: _____

I authorize:

_____
SCHOOL/HOSPITAL/CLINIC/OTHER

_____
ADDRESS/CITY/STATE/ZIP

_____
PHONE

☐ To release information to
☐ To obtain information from

Child and Adolescent Neuropsychology, LLC
5100 Eden Avenue, Suite 109
Edina, MN 55436
(952) 388-7088

Information to be disclosed:

☐ Medical records
☐ Treatment summaries
☐ Summaries of evaluations
☐ Discharge summaries
☐ School records
☐ Progress notes
☐ Testing records
☐ Other: _____

Purpose of release:

☐ Information pertaining to neuropsychological evaluation
☐ School
☐ Continuation of care
☐ Litigation
☐ Insurance Claim
☐ Other: _____

This release is valid for one year from the date signed, or until the following date: _____

I understand that I have the right to revoke this authorization in writing at any time. Stopping this authorization will not apply to information that has already been released or disclosed. I understand that any disclosure of information carries with it the potential for redisclosure and the information may not be protected by federal privacy rules.

_____ _____
SIGNATURE OF PARENT/GUARDIAN/PATIENT DATE SIGNED