



5930 E Pima Street Suite 138, Tucson AZ 85712 . phone 520-441-4006 . fax 855-249-5320

Authorization to Release Information

I, _____, hereby authorize Sarah B. Burger, Ph.D. of A-Z Neuropsychology,
(Client/Guardian)
LLC to release information and records concerning _____, DOB _____,
(Client) (Client's DOB)

To: _____
(Individual(s) or Entity(ies))

Address: _____

Phone/Fax: _____

Nature and Purpose of Release:

This disclosure is for the purpose of: _____

Items and information to be released include: _____

This release affords Dr. Burger the opportunity **to speak freely and openly** with the above named individual(s)/entity(ies) regarding the identified client, including in particular candid discussion of her summary evaluative impressions and treatment recommendations for the above named client. _____ (initial)

Limitations of Release:

I wish to exclude the release of information pertaining to *(None, if left blank)*:

Conditions of Release:

-I understand that I may refuse to sign this authorization and that my refusal will not affect my eligibility to obtain services from A-Z Neuropsychology, LLC, except when I am receiving services solely for the purpose of creating information for disclosure to a third party. If this exemption applies, my refusal to sign an authorization will prohibit my ability to obtain services. _____ (initial)

-I understand that my signature authorizes the release of this information only between the above-named persons or agencies. This information will not be made available to others who request it secondarily and will not be re-released to any other person or agency. _____ (initial)

-I understand that I may revoke this authorization at any time by giving written notice to A-Z Neuropsychology, LLC, after which no further information will be released. I understand that this release is in effect for 365 days (1 year) unless rescinded in this manner. _____ (initial)

Client Signature

Date

Parent/Guardian or Authorized Surrogate Signature

Date

Witness Signature

Date

Any records accompanying this release are protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. 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 this information to criminally investigate or prosecute any alcohol or drug abuse patient.