Clary Document Management, Inc.
5600 Pioneer Creek Drive
Maple Plain, MN 55359

Phone: 763.548.1320 | Fax: 763.548.1325 | chartcontrol@clarydm.com | www.clarydm.com

AUTHORIZATION TO RELEASE NEUROPSYCHOLOGY RECORDS

Patient's Name: ________________________________ Date of Birth: ________________________

Address: _________________________________ Day Phone: ________________________

_________________________________ Email: ________________________

I request that all records of the patient

named above to be released from:

Christine LoPresti, PhD
12401 Wilshire Blvd
Suite 303
Los Angeles, CA 90025

Year of Last Visit

Reason for Release of Information:

Send all records to:

same address as above $10
or
other address below $10

Name: ______________________________

Address: ____________________________

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Email: ______________________________

Fax :

This request and authorization applies to all my therapy records. I understand my medical records may include information regarding mental health, psychotherapy notes, alcohol/drug use, Sexually Transmitted Disease results (whether positive or negative) and HIV treatment. I understand this authorization will be in effect for 12 months unless cancelled by me in writing and that my cancellation will take effect when Clary Document Management (Clary) receives my notice in writing submitted to the address above. I understand once Clary discloses my health information herein, it may no longer be protected by federal privacy laws. **I understand I will pre-pay $10 to reproduce the records and reports.**

_____________________________________ Date _____________

Patient Signature

_____________________________________ _________________________________ Date _____________

Patient Representative Signature Your Authority to Sign on Behalf of Patient

*STATE/COMMONWEALTH OF ____________________

County of _______________________________

The foregoing instrument was acknowledged before me the _____ day of ________, 20__,

by____

____

Notary Public

*** Notarized signature is required**