

Southern Arizona Neuropsychology Associates

1845 West Orange Grove Rd. Suite 111 Tucson, AZ 85704 Phone: (520) 329-8298 Fax: (520) 329-8311

CONSENT FOR RELEASE OF INFORMATION

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

This is to authorize: **Southern Arizona Neuropsychology Associates, L.L.C.**
1845 West Orange Grove Rd. Suite 111, Tucson, Arizona 85704

To release:

- _____ Complete medical records
- _____ Psychiatric / Psychological records
- _____ Raw test data
- _____ Neuropsychological Evaluation Report
- _____ Other _____

To: _____

I understand that this information will be used for the purposes of evaluation and /or ongoing treatment, and will not be disclosed without my prior written consent. I understand that this consent will expire 12 months after the date it was signed.

Date

Client or Guardian Signature