

# Southern Arizona Neuropsychology Associates, LLC

403 W. Cool Dr. STE 107 Tucson, AZ 85704 Phone: (520) 329-8298 Fax: (520) 329-8311

## CONSENT FOR RELEASE OF INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This is to authorize: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To release:

\_\_\_\_\_ Complete medical records

\_\_\_\_\_ Psychiatric / Psychological records

\_\_\_\_\_ Raw test data

\_\_\_\_\_ Neuropsychological Evaluation Report

\_\_\_\_\_ Other \_\_\_\_\_

To: Southern Arizona Neuropsychology Associates, L.L.C.  
403 W. Cool Dr. STE 107 Tucson, Arizona 85704

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