Meredith Hickory, Psy.D. PLLC
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## Consent to Release Medical Information

I hereby give permission to Meredith Hickory, Psy.D. PLLC, to release information from the medical records or disclose personal health information for:

_____ _____
Patient Name Birth Date

_____ _____
Purpose of Disclosure Date(s) of Service

Circle one of the following choices to indicate the information to be disclosed:

1. Neuropsychological report and verbal information as needed.
2. Other(specify)_____
   _____

Information to be released to:
Name(s)
_____

_____
I understand the personal health information disclosed may include information regarding psychological or psychiatric impairment, substance abuse, Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV). I understand that I may revoke this consent at any time except to the extent that the information has already been released pursuant to this consent and before I have revoked my consent. Otherwise, this consent shall continue to be valid only for as reasonably necessary to carry out the purposes enumerated above or unless it is with release to an insurance company for payment for medical and/or hospitalization benefits, it would automatically expire 90 days after the date signed, whichever is the earliest date.

_____/_____ _____
Patient/Representative Signature Relationship Date signed

If you signed as a representative of the patient, read the following and sign below:

I, _____, hereby certify and attest that I am the duly authorized personal representative of the above patient, and that I have the lawful authority to enter into this authorization on behalf of such individual. I have read the provisions set forth in this authorization, and agree that Dr. Hickory may disclose the medical record information of such individual for the purposes set forth herein.

_____ _____
Signature Date signed

Please note that the information disclosed pursuant to this authorization may be subject to re-disclosure by me/us and would therefore no longer be protected under the terms of the federal privacy rule.