The NeuroAssessment and Development Center, Inc.
Release of Information/Authorization Form

Client Name _____
Date of Birth _____ Gender: _____
Address _____
(Street)
_____ Phone # (____) _____
(City) (State) (Zip Code)

Please mark ("X") the appropriate blank(s)

I authorize (list multiple sources) _____
_____ and their
representatives or staff to disclose the following information, in any format, if such information exists:
_____ All information pertaining to my care (all listed below)
_____ medical information
_____ clinical/psychological information or assessment
(*if authorization is for the use and/or disclosure of psychotherapy notes, then it needs a separate release and cannot be combined with any other authorization)
_____ specific information that may pertain to my care as listed below:
_____
List the purpose for releasing this information: ("at the request of the individual" is all that is required if you do not want to list a specific reason)
_____

Information should be sent to (check and/or provide address):
The NeuroAssessment and Development Center, Inc.
525 East 100 South, Suite 120
Salt Lake City, UT 84102
Phone: (801) 649-5300
Confidential Fax: (801) 606-7812

I understand that I may revoke this authorization at any time by giving written notice to the NeuroAssessment and Development Center. However, my request to revoke the authorization will not be in effect to the extent that information has already been disclosed as a result of this authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. Unless revoked earlier, this authorization will remain in effect for one year from the date written on this authorization or until a specified date or event(s) related to the purpose of this disclosure is completed.
_____

_____ _____
Client or Representative Signature Date

_____
If a representative of the client, describe your authority to act for the client (e.g. parent, legal guardian, power of attorney, etc.)