Christine Clancy, Ph.D., ABPP
Board Certified in Clinical Neuropsychology
Pediatric Neuropsychologist
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Authorization Form

Patient Name: _____

This form when completed and signed by you, authorizes Christine Clancy, Ph.D., ABPP to release protected information from your clinical record to the person you designate.

I authorize Christine Clancy, Ph.D., ABPP to the mutual release of the following: (Provide description of the information that you want disclosed. Your description should be as specific and detailed as possible.)

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This Authorization shall remain in effect until ( ) or until ( ). However, I understand that this Authorization does not permit disclosure of my future health care given more than 90 days from the date of this Authorization (unless this is for disclosures to insurance companies). If this Authorization does not contain an expiration date, the Authorization expires 90 days from the date of my signature.

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I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the office address of Christine Clancy, Ph.D., ABPP. However, my authorization will not be effective to the extent that Dr. Clancy has taken action in reliance on my authorization, or if this authorization was obtained as a condition of obtaining insurance and the insurer has a legal right to contest a claim.

I understand that Christine Clancy, Ph.D., ABPP generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

_____ _____

Signature of Patient Date and Time

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Signature of Custodial Parent or Guardian. If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.