

Glen D. Greenberg PhD, ABPP

Associates in Neuropsychology and Behavioral Health, PA

PO Box 594
Westtown, PA 19395
Phone: 610-566-0501
Fax: 610-566-0502

Authorization to Release Protected Health Information (PHI)

This signed authorization allows us to send patient records to the following individual.
Use a separate Release form for additional individuals.

Date _____

Patient name: _____ Date of Birth: ___/___/___

Effective dates for this authorization: ___/___/___ through ___/___/___

I, (print your name) _____, authorizes us to release to the individual listed below the following patient information from this practice:

- Diagnostic interview
- Testing report
- Therapy notes
- Billing statements

Write the name of the individual you want the information released to:

Name		Profession	
Institution or Affiliation			
Street			
City / State / Zip			
Phone			

Print your name _____

Signature _____

- Your relationship to the patient: Patient Spouse Mother Father Legal Guardian
 Other: