Neurobehavior North, Inc.

# REQUEST FOR INFORMATION

TO PROVIDE THE BEST TREATMENT FOR YOU, WE MAY NEED TO REVIEW INFORMATION FROM YOUR OTHER HEALTH CARE PROVIDERS.

I, _____, request that the following information be released on behalf of

_____:
(Print Patient Full Name)

From:_____
_____

To: Neurobehavior North, Inc.
Attention: Dr. Dustin Logan, Ph.D., ABPP
PO Box 3034
Palmer, AK 99645

_____ History & Physical
_____ Neurological exam findings
_____ Radiologic / Imaging exam findings / images
_____ Psychological Testing
_____ Neuropsychological Testing
_____ Discharge Summaries
_____ Reports of CT / MRI / EEG
_____ Other: _____

_____ Psychotherapy Summaries
_____ Blood Laboratory Findings
_____ Work Performance Evaluations
_____ Military Records
_____ School Records
_____ Any and All of the Above

I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information, as well as specifying the situations under which exceptions to confidentiality may occur. This authorization to release information from my records and for verbal communications is fully understood as to the nature of the records and information and the implications of its release, and is made voluntarily on my part. This consent will expire automatically one year from the date on which it is signed below (***). Earlier termination of this Release can be specified in writing to Neurobehavior North, Inc.

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. A photocopy of this consent shall be considered as effective and valid as the original.

_____ _____ _____
Signature Patient/Parent/Guardian Relationship Patient Date of Birth

_____ _____
Witness (***) Today's Date