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Psychology Release of Information/Authorization Form

Client Name
Social Security #
Date of Birth
Address
Phone #: ()

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

I authorize and their representatives or staff to disclose the following information, if such information exists:

- medical information
clinical/psychological information (excluding raw data)*
all of the medical, clinical/psychological (excluding raw data)*, and other information that may pertain to my care
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):

MIND AND BRAIN CARE, LLC
6442 COMMERCE PARK DRIVE, SUITE #1
FORT MYERS, FL 33966

Other: (list names and corresponding mailing addresses/faxes)

I understand that I may revoke this authorization at any time by giving written notice to MIND AND BRAIN CARE, LLC. 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.

I understand that MIND AND BRAIN CARE, LLC 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 as a result of this authorization may be subject to re-disclosure by the recipient of my information and is no longer protected by the HIPAA Privacy Rule. In consideration of this consent I hereby release the above parties from any legal liability for the release of this information.

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.)

F.A.C. Chapter 64B19-18.004 (Use of Test Instruments), Section (3), "A psychologist who uses test instruments may not release raw test data, such as test protocols, test questions, or written answer sheets, to any person other than another licensed psychologist or in response to a judge's order". The psychologist's notes pertaining to psychological services rendered may be considered raw data as provided by subsection 64B19-18.004(3), F.A.C., at the discretion of the psychologist and therefore can be released only (1) to a licensed psychologist or school psychologist licensed pursuant to Chapter 490, F.S., or Florida certified, or (2) when the release of the material is otherwise required by law.