



**RICHMOND NEUROPSYCHOLOGY**  
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### AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

**Check Records/Information to be Released and/or Exchanged:**

- Medical Records
- School Records
- Psychological Testing & Diagnostic Evaluation Records
- Outpatient Behavioral Health Treatment Records
- Inpatient Behavioral Health Treatment Records
- Information Related to Alcohol and/or Substance Abuse
- Psychotherapy Notes
- Consultation (in-person, telehealth/virtual, phone and/or email)
- Behavioral Observations
- Psychological/Behavioral Rating Scales (internet/web-based and/or paper version)

**For purpose(s) of:**

- continuity of care
- assessment/treatment planning

**I authorize and request the release of records and exchange of information between Richmond Neuropsychology and:**

\_\_\_\_\_  
Name of institution/professional/individual

\_\_\_\_\_  
Name of institution/professional/individual

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
FAX

\_\_\_\_\_  
Phone

\_\_\_\_\_  
FAX

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by state and federal privacy laws. I understand that I may revoke my authorization at any time by notifying the above-named institution, professional, or individual in writing, and it will be effective on the date notified except to the extent action has already been taken in reliance upon it. In the absence of my formal written notice, this authorization is revoked automatically one year from date signed or on \_\_\_\_\_ (date/time frame).

\_\_\_\_\_  
PATIENT NAME (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF PATIENT (adult) OR PARENT/GUARDIAN

\_\_\_\_\_  
Date

**This information is being disclosed to you from records whose confidentiality is protected by state and federal law. You are prohibited from making any further re-disclosure of it without the specific written authorization of the person to whom it pertains, unless otherwise permitted by state and/or federal regulations.**