

Wellington-Alexander CENTER

DYSLEXIA ASSESSMENT & INTERVENTION

9821 East Bell Road • Scottsdale, AZ 85260 • phone: 480-629-4461 • fax: 480-629-5898 • www.wellingtonalexander.com

Authorization for Release of Medical Information

Patient Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

I hereby authorize The Wellington-Alexander Center to release/receive any information from my medical records to:

(Name/Address of Person/Organization to which disclosure is to be made)

Copies of Select Portions of the Record:

- | | | | |
|--------------------------|----------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Face Sheet (Patient Information) | <input type="checkbox"/> | Insurance Information |
| <input type="checkbox"/> | Progress Notes | <input type="checkbox"/> | Report/Summaries |
| <input type="checkbox"/> | Entire Record | <input type="checkbox"/> | Psychological |
| <input type="checkbox"/> | Other _____ | | |

_____ I acknowledge and hereby consent to such that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results, or AIDS information.

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that the action has been taken in reliance upon it. I understand that re-disclosure of this information to a party other than the one designated above is forbidden without additional authorizations on my part. This facility is released and discharged of any liability and the undersigned will hold the facility harmless, for complying with the "Authorization for Release of Information".

Date

Signature of Patient/ Parent/ Conservator/Guardian

Relationship to Patient

All fees/charges comply with laws and regulations applicable to the release of information.