



# Carmel Neuropsychology Services, P.C.

755 West Carmel Drive, Suite 205  
Carmel, IN 46032

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## Authorization for Release of Confidential Information Adult Form

This form when completed and signed by you, authorizes Carmel Neuropsychology Services, P.C. to release and/or share protected information from your clinical record to the person you designate.

I authorize Javan L. Horwitz, Psy.D., HSPP and his administrative and clinical staff to release/exchange the following information:

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This information is authorized for release to (name, address, phone, and fax number of person to whom the information is authorized to be released):

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This release of information is being requested for the following purpose (“at the request of the individual” is sufficient if you do not wish to give a specific reason):

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This authorization shall remain in effect (check one):

for 180 days from the date of this signing.

until my treatment at Carmel Neuropsychology Services, P.C. is terminated.

You have the right to revoke this authorization in writing, at any time, by sending such written notification to Carmel Neuropsychology Services, P.C. at 755 W. Carmel Dr. Suite 205, Carmel, IN 46032. However, your revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest the claim.

I understand that Dr. Horwitz generally may not condition psychological/neuropsychological services upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party.

I understand that the information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and may no longer be protected by the HIPAA Privacy Rule.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Address

(If the authorization is signed by a personal representative of the patient, a description of such representative’s authority to act for the patient must be provided.)