San Diego Neuropsychology

Mark McDonough, Ph.D.

Pediatric and Adult Neuropsychology

4405 Manchester Ave., Suite 206, Encinitas, CA 92024

Phone: (760) 944-9647 • sandiegoneuropsychology.com • Fax: (760) 944-7491

Laraine Lipori,Psy.D. ***Laura Hopper, Ph.D.***

Consent and Authorization to Use or Disclose Information

I, _____ (Patient), hereby authorize Mark McDonough, Ph.D. to receive/disclose information/ records obtained in the course of my assessment and/or treatment to/from:

Name : Laraine Lipori, Psy D (Psychologist), Laura Hopper, Ph.D. (Psychometrist) E-Billing Solutions, Dalene Marquez (Forensic Coordinator) Desiree Arrasmith (Billing Manager), Tim Peterson (Office Assistant), Chelsea Chang (Office Manager).

Name: _____ ☐ Send report

Address: _____

_____

Name: _____ ☐ Send report

Address: _____

_____

Name: _____ ☐ Send report

Address: _____

_____

I understand that I have a right to receive a copy of this authorization and that any cancellation or modification of this authorization must be provided by me in writing and received by Dr. McDonough at 4405 Manchester Ave, Suite 206, Encinitas, CA 92024.

The purpose of information and records disclosure authorized by the Patient:

_____

The specific uses and limitations of the information to be disclosed:

_____

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable [state] law may protect such information.

This authorization shall remain valid for:
☐ 1-year from today or ☐ Terminate on date: _____

Signature of Patient: _____ Date: _____