Triad Neuropsychology and Forensic Services, PLLC

Samantha Sedlak, Psy.D./Licensed Psychologist (NC 5529)
P.O. Box 8, Mebane NC 27302
Phone: 336-329-6306 Fax: 336-850-1858 Email: sedlak@triadneuropsychology.com

Record Request Authorization

Patient Name: ________________________________ Patient DOB: ______________________

Patient Address: ____

Contact Phone #: ____________________ Contact Email: ________________________________

I agree to allow Triad Neuropsychology and Forensic Services, PLLC to request a copy of my pertinent medical records from the following provider:

Provider Name and Practice Name (e.g., Joe Smith at Smith Counseling):

____

Provider Address: ____

Provider Phone #: ____________________________ Provider Fax #: __________________________

Provider Email: ____

By completing this form, I am authorizing Triad Neuropsychology and Forensic Services, PLLC to request a copy of my pertinent medical records from the provider listed above. I acknowledge that these records include protected health information (PHI) and that Triad Neuropsychology and Forensic Services, PLLC must follow all HIPAA regulations regarding the security of this information. This authorization may be revoked at any time in writing. This authorization will automatically expire one year from the date signed, unless I have provided an alternative expiration date here: __________.

____ ___________
Signature of patient/legal representative Date

Name of Patient (Printed): ____

Name of Legal Representative and relationship (if applicable): ________________________________