THE NEUROBEHAVIORAL CLINIC & Counseling Center

David M. Lechuga, Ph.D.
Director
CA License: PSY10139

13 Orchard Road, Suite 103
Lake Forest, California, 92630
949.837.3358
Fax 949.837.0274

RELEASE OF INFORMATION

I, _____, hereby authorize THE NEUROBEHAVIORAL CLINIC & COUNSELING CENTER, its agents or employees to disclose my neuropsychological records to:

_____

_____

or to receive information from:

_____

_____

for the purpose of: _____

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate one year from the date it was signed.

I have carefully read and I understand the foregoing. I consent to the release of the above specified information or records. I further release THE NEUROBEHAVIORAL CLINIC & COUNSELING CENTER, and its associates from any liability, if any, from the release or exchange of this information to such designated persons or agencies.

_____ _____

SIGNATURE OF PATIENT **DATE**

_____ _____

SIGNATURE OF AUTHORIZED AND/OR RESPONSIBLE INDIVIDUAL/GUARDIAN **DATE**