

Christopher J. Fichera, Ph.D., Sharon M. Theroux, Ph.D.
& Associates, PA
Clinical Psychology - Neuropsychology

Release of Information

I authorize

to release / exchange the following information

This information should only be released/exchanged with

Sharon M. Theroux, Ph.D. Christopher J. Fichera, Ph.D.

7100 W. Camino Real, # 123

Boca Raton, FL 33433

F: 561-391-5054

I am requesting the release/exchange of this information for the following reasons: ("at the request of the individual" is all that is required if you are my patient and you do not desire to state a specific purpose.)

This authorization shall remain in effect until (_____) or until (fill in an event that relates to the individual or the purpose of the use or disclosure).

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. 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 a claim.

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

Name of Patient	Date of Birth	Social Security Number
Signature of Patient or Guardian	Relationship to patient	Date

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.