Marla McKan M.Ed. CALT-QI, Psychometrist
Springfield Center for Dyslexia and Learning
1000 E Primrose St Suite #540
Springfield, MO. 65807
(417) 269-0259

Authorization for Release of Information

Patient Information

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Date: _____

Authorization

I authorize Marla McKan, Psychometrist
Springfield Center for Dyslexia and Learning:

☒ To obtain information from

_____
Name of Person, Provider or Facility

_____
Address

_____
Phone # / Fax # (include area code)

_____
City, State, Zip Code

PURPOSE OF THIS REQUEST:
☐ Psychological Testing/Dyslexia Testing

TYPE OF COMMUNICATION / RECORDS AUTHORIZED:
☐ Psychological Evaluation and/or Treatment
☐ Medical Evaluation and/or Treatment
☐ Verbal Communication with Person, Provider or Facility

This authorization shall remain in effect for 12 months or until the date indicated here: _____
You have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing person/facility. However, your revocation will not be effective to the extent that the person/facility has 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 the 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.
For the purpose hereof "Records" and/or "Information" shall include all confidential HIV related information, confidential communicable disease related information and confidential alcohol or drug abuse related information.

Signature

Signature of Client/Guardian: _____ Date: _____

Relationship to Client (If requester is not the client): ☐ Parent ☐ Legal Guardian ☐ Other:_____

Reason Client is unable to sign: ☐ Minor ☐ Disabled ☐ Other: _____