Dana Chidekel, Ph.D.
A psychological corporation

Diplomate of the American Board of Pediatric Neuropsychology
Diplomate of the American Board of Professional Neuropsychology

REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby request Dana Chidekel, PhD to release records or professional services rendered to _____ Date of birth _____ on (approx date)_____

The following information:

Initial(_____) Neuropsychological test report
Initial(_____) Neuropsychological test score summary
Initial(_____) Other (please specify): _____

Initial(_____) I attest that I am authorized to make this request because the person named above is:

( ) me
( ) my child, who is under the age of 18 as of today
( ) other _____

Release the above information to:

Name: _____

Complete street address: _____

Initial(_____) I understand that Dr. Chidekel charges $15.00 to forward electronic records for patients whose last office contact occurred 6 months or more from the date of this request.

OR

Email address: _____

Initial(_____) I understand that Dr. Chidekel charges $25.00 to print and mail electronic records for patients whose last office contact occurred 6 months or more from the date of this request.

I understand that I may revoke my consent to release this information at any time, except to the extent that the information has already been released.

_____

Signature of patient or guardian Printed name Date

_____

Complete address

_____ _____

Phone number Email address

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