

Northwest Neuropsychology Incorporated

EIN #36-4228091

Clinical Neuropsychology Rehabilitation Psychology
Neurofeedback and Traditional Biofeedback

800 E. Woodfield Road
Suite 103
Schaumburg, IL 60173-4718

☎ 847.240.0444

☎ 847.240.0446

✉ nwneuropsych@sbcglobal.net

Authorization for Release of Records and Information

I, _____ give my permission to Northwest Neuropsychology Inc.
(Name of patient / client)

and its clinician(s) **Dr. Alexander Adam Eschbach** to
(Name of Northwest Neuropsychology Inc. psychologist/staff member)

release / obtain copies of the following records and/or exchange information, including medical data, psychological evaluations, social history, impression, diagnosis, and other relevant data about myself to/from _____.
(Teacher, Psychologist, Social Worker, Physician)

I understand that these records will be used for the purpose of diagnosis / treatment / consultation / forensic or legal matters. This authorization will be in effect from _____/_____/2009 until _____/_____/2011.

Signature of Patient _____ Date _____ / _____ / _____

Signature of Responsible Party _____ Date _____ / _____ / _____
(If Patient is a Minor)