

Emanuel Troiani, Psy.D.

Licensed Clinical Psychologist, Neuropsychologist
Certified School Psychologist

1018 N. Bethlehem Pike, Suite A-1
Lower Gwynedd, PA 19002

700 Horizon Circle, Suite 101
Chalfont, PA 18914
(215) 233-5688

Authorization to Release Information to Dr. Emanuel E. Troiani

Please use this form if you are giving someone else permission to speak with (or provide medical records to) Dr. Emanuel E. Troiani, (Emanuel Troiani, Psy.D., Emanuel E. Troiani, Inc.).

Patient Name _____ Date of Birth _____

Address _____

Phone _____

I authorize _____ to release information to:

_____ Emanuel Troiani, Psy.D. _____

_____ 1018 N. Bethlehem Pike, Suite A-1 _____

_____ Lower Gwynedd, PA 19002 _____

for the period of _____ 1 year _____

This information is limited to: Information essential for Neuropsychological Evaluation Services and Pre-certification Processes (including, but not limited to office notes, brain/head scan reports, labs, previous testing, hospital records, and psychological / psychiatric records)

I understand this information is confidential and I have the right to review or revoke this authorization at any time either verbally or in writing.

This authorization is in-compliance with the Pennsylvania Mental Health Procedures Act section 7100.111.3, the Pennsylvania Drug and Alcohol Abuse Control Act and Act 52 of the Pennsylvania State Psychology Board.

I understand the contents of this authorization and I understand my rights.

Patient Signature (if minor, write "minor") _____ Date _____

Parent/Guardian Signature (for minor patient) _____ Date _____