Abra Carroll Nardo, Ph.D., HSP-P
Licensed Psychologist
416 Morson Street
Raleigh, NC 27601
Phone: (919) 816-2411
Fax: (919) 834-6536

Authorization Form

This form authorizes Dr. Nardo to exchange Protected Health Information from my clinical record or that of the child named below with the person or agency I designate.

I authorize Abra Carroll Nardo, Ph.D. to exchange Protected Health Information with:

Name: _____

School, Agency, or Company Name: _____

Phone Number and/or Email Address: _____

This information is to be exchanged at my request. If there are any conditions to this exchange, Dr. Nardo or I will note them here:

_____

_____

I may revoke this authorization by signing and dating a hand written note to that effect at any time. A copy must be sent through the mail or hand delivered to Dr. Nardo. However, my revocation will not be effective to the extent that Dr. Nardo has already 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 once Dr. Nardo exchanges information with the above-mentioned party she no longer controls how that information is disseminated.**

Print Client Name: _____

_____ _____
Signature of Client or Parent/Guardian Date

Print Parent/Guardian Name: _____