

PSYCHOLOGICAL ASSESSMENT SPECIALISTS, PLLC

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CLINICAL PSYCHOLOGISTS

John L. Christensen, PhD
Licensed, ID PSY-202148

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Licensed, ID PSY-202217

Kendra Westerhaus, PhD
Licensed, ID PSY-202724

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Licensed, ID PSY-202621

PSYCHOLOGIST IN TRAINING

Charles Jenks, PhD

PROFESSIONAL COUNSELORS

Tiffany Bascom, LCPC
Licensed, ID LCPC-3801

Pamela Davies, LCPC
Licensed, ID LCPC-288

SERVICE EXTENDERS

Joe Neal, MS

Cynthia Aldana, MS

Stefane Yeaman, MS

Michelle LeMay, MA

Authorization for Psychological Assessment Specialists, PLLC to receive and/or disclose my Protected Health Information

Patient Name _____

Date of Birth _____

Agency/Clinic to Exchange Information With _____

Address _____

Phone _____ Fax _____

Records can be released from 1 year of the date you sign this release unless otherwise stated. Psychological Assessment Specialists will only disclose Protected Health Information that it generates.

PAS may utilize or disclose the following Protected Health Information for:

_____ any or all of my Protected Health Information

_____ my Protected Health Information as it pertains to _____

_____ my Protected Health Information for the date(s) of _____

_____ OTHER (specify) _____

I understand that I do not have to sign this authorization in order to receive health care services (enrollment, treatment, processing insurance claims). However, I do have to sign this authorization form to receive care when the purpose of treatment is to create health care information for a 3rd party. I may revoke this authorization in writing at any time and understand it will not affect any action already taken by PAS based upon this authorization. I also may not be able to revoke this authorization if its purpose was to process insurance claims or collect payment for services rendered. Once my Protected Health Information is disclosed, the person or organization that receives it may re-disclose it and privacy laws may no longer protect it.

Patient/Legal Guardian Signature _____ Date _____

Relationship to Patient _____

Witness _____ Date _____