

PSYCHOLOGICAL ASSESSMENT SPECIALISTS, PLLC

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CLINICAL PSYCHOLOGISTS

John L. Christensen, PhD
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Charles Jenks, PhD
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Cynthia L. Amen, PhD
Licensed, ID PSY-202217

PROFESSIONAL COUNSELORS

Tiffany Bascom, LCPC
Licensed, ID LCPC-3801

Pamela Davies, LCPC
Licensed, ID LCPC-288

SERVICE EXTENDERS

Cynthia Aldana, MS

Stefane Yeaman, MS

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 the 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) _____
- _____ Appointment date(s) / time(s) ONLY

I understand that I do not have to sign this authorization in order to receive health care services (enrollment, treatment, processing insurance claims). 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. 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