Theresa Lavoie, Ph.D.
Licensed Clinical Psychologist
Clinical Neuropsychologist
68 Main Street
Andover, MA 01810
(978) 470-0321
theresa@drtheresalavoie.com

AUTHORIZATION FOR OBTAINING INFORMATION

I hereby give my consent to Theresa Lavoie, Ph.D. to exchange any information relating to my/my child's medical, educational, and mental health history with each other and:

1. Name: _____
   Title: _____
   Phone: _____

2. Name: _____
   Title: _____
   Phone: _____

3. Name: _____
   Title: _____
   Phone: _____

You have the right to revoke this authorization in writing at any time by sending written notification. However, your revocation will not be effective to the extent that we have taken action in reliance on the authorization. I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the Health Insurance Portability and Accountability Act (HIPPA) privacy rule.

_____ _____ _____
Print Name Signature Date

Notice: This statement is in accordance and compliance with the Health Insurance Portability and Accountability Act (HIPAA).