

# NEUROPSYCHOLOGY ASSOCIATES, P.C.

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Jennifer T. Gatt, Ph.D.  
Child and Adolescent Psychology

Appointments available in Prescott

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## Authorization for Exchange/Release of Confidential Information

I hereby authorize:

Jennifer T. Gatt, Ph.D.  
6232 North 7<sup>th</sup> Street, Suite 100  
Phoenix, AZ 85014-1850  
(602)230-8324

And:

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To exchange and release clinical information regarding:

Patient's Name:

Date of Birth:

I understand that this consent can be withdrawn by me at any time by written notification except for information already released under this agreement. I also understand that this information cannot be re-released to a third party without my specific consent. Release information will expire automatically six months from the date signed.

Patient's Signature: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_