



GKB Neuropsychology

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Authorization to Obtain and Exchange Records

Patient Name: _____ DOB: _____

I, _____ (Patient/Parent/Guardian), authorize Dr. George K. Bialkowski, Psy.D. of George K. Bialkowski, PLLC / GKB Neuropsychology to obtain, receive, and exchange medical, psychological, and educational records concerning the above-named patient with the following provider(s) or facility(ies):

Provider / Facility Name: _____ Phone: _____

Address: _____

Fax: _____ Email (if applicable): _____

Purpose of Request and Exchange:

☐ Continuity of care ☐ Diagnostic clarification ☐ Treatment planning ☐ Legal/Disability ☐ Other

Information to Be Requested and/or Exchanged:

☐ Complete medical record ☐ Psychiatric/Psychological records ☐ Neuroimaging/Lab Reports ☐ Medication List
☐ Hospital discharge summaries ☐ Prior neuropsychological or cognitive evaluations ☐ Other

This authorization includes permission for two-way communication between GKB Neuropsychology and the provider(s) or facility(ies) named above, as needed for the purpose stated.

Conditions and Rights

I understand that:

- This authorization is voluntary, and I may refuse to sign without affecting my care (except when evaluation was specifically for third-party disclosure).
- I may revoke this authorization in writing at any time, except to the extent that action has already been taken.
- Information received may include medical, psychiatric, or psychological data relevant to the evaluation process.
- The recipient is prohibited from re-disclosing any information without my written consent, except as permitted by law.
- This authorization expires: _____ or ☐ 365 days from signature (if no date specified)

Patient Signature (if 18 or older): _____ Date: _____

Parent/Guardian Signature (if patient under 18): _____

Witness Signature: _____ Date: _____

Substance abuse records (if applicable): Any substance abuse treatment information included in this release is protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.