Dr. Robert J. McInerney & Associates
Psychological and Neuropsychological Services Ltd

Armdale Professional Building
2625 Joseph Howe Drive, Suite 15
Halifax, Nova Scotia B3L 4G4
Tel: (902) 266-8311 Fax: 1-866-380-6621
www.mcinerney.ca

Authorization For Release of Personal Health Information (Adults)

Name: _____ Date of Birth: _____

I hereby authorize and request that you release the following personal health information from my health record at Dr. Robert J. McInerney and Associates Limited:

- ☐ Neuropsychological or psychoeducational assessment reports
- ☐ Verbal discussion of assessment results, mental health, and/or other information pertinent to my psychological health (e.g., via phone, videoconference, or in person)
- ☐ Other (specify): _____

This information is to be released to:

Name of Person or Agency: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Specific Instructions or Limitations (Optional)

_____

_____

_____

This authorization will cover actions by all Associates at Dr. Robert J. McInerney and Associates Limited. This authorization will automatically expire one year from the date of signature. It may be amended or revoked at any time in writing.

_____ _____
Name Signature

_____ _____
Date Witness