Cambridge Center for Neuropsychology and Learning

2464 Massachusetts Avenue, Suite 230, Cambridge, MA 02140 www.cambridgeneuropsych.com

info@cambridgeneuropsych.com

617.354.5050 phone

Karen Conti Lindem, Ph.D., Ph.D.

AUTHORIZATION FOR RELEASE OF INFORMATION

This form should be completed by the parent/guardian. It gives teachers and other professionals permission to communicate with Dr. Karen Lindem regarding your child as we complete his/her Comprehensive Neuropsychological Evaluation.

The parent(s) or guardian(s) whose name appears below has requested services from our Center. As we carry out an assessment we place a high value on collaboration. In this spirit, we have provided the parent with the permission form below, which when completed will allow us to communicate freely about the child with whom we both work. Please contact us if you have any questions about our services. We look forward to working with you as we strive to make a positive difference in the life of this child and family.

Traine of child.		DOB:	
Name of your child's school:			
School Contacts/Personnel:		o (Speech Language Therapist Occupational Therapist Physical Therapist Other:
ame	Title or Position	Phone	email
*The information to be disclosed Medical and Behavioral Health I *The purpose of this release: Neuropsychological Evaluation	History and Treatment (*Sign		
*The purpose of this release:	History and Treatment (*Sign		
*The purpose of this release: Neuropsychological Evaluation	History and Treatment (*Sign		