

**Blue Mountain Neuropsychological Associates, PS (BMNA)**

**dba: Blue Mountain Psychology**

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**Client/Patient/Examinee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclosure Authorization**  
**Release of Information**

**(Complete this form if you know that BMNA staff will need to communicate with the client's/patient's/examinee's family physician, transportation services, family members, or others involved in their care)**

**Client/Patient/Examinee Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

I authorize Blue Mountain Neuropsychological Associates, PS to exchange (i.e., **release and/or receive**) my confidential medical/health information with the following entity or entities:

\_\_\_\_\_  
\_\_\_\_\_

The following types of information will be disclosed:

All available records

Diagnoses

Treatment plans

Other (please describe): \_\_\_\_\_

**This disclosure authorization will expire on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional information regarding expiration of this authorization: \_\_\_\_\_

**Signature of Client/Patient/Examinee:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of guardian (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Disclosures to financial institutions or employers for purposes other than payment shall expire after 90 days unless renewed by the patient. Disclosures to the department of corrections (DOC), while the patient is under supervision of DOC, expires at end of the supervision term or end of required treatment. Please see RCW 70.02.050 for information about possible disclosure without patient authorization.