MARY C. NOWLIN, DO

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Glendale AZ 85308

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Scottsdale AZ 85260

Phone: 623-322-7301
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Release of Information

I hereby authorize: ☐ Mary C. Nowlin DO

To: ☐ Release information to: Name: _____
☐ Obtain information from: Address: _____
☐ Exchange information with: _____
_____
Telephone: _____

The information requested or authorized for release or exchange pertains to:

- ☐ Initial Evaluation, Psychiatric Note, Labs, Treatment summary, medical tests Drug/Alcohol Use/Abuse
- ☐ Education, School Letters (504, IEP Plan, etc)
- ☐ Continuity of Care, Discuss Treatment
- ☐ Insurance, Billing Inquiries, FMLA Letters
- ☐ Schedule/Cancel appointments

This authorization is valid for 90 days from the date below or _____, whichever is earlier. I may cancel this authorization by signing, dating, and writing "CANCEL" on this original form or by sending a written, signed and dated request to the doctor above indicating my desire to cancel. I understand that once my information has been released, the recipient might re-disclose it, my doctor has no control over it and privacy laws may no longer protect it. The purpose of this authorization is to improve the quality of my mental health evaluation or treatment.

_____ _____
Patients Name Date of Birth

_____ _____
Patients Signature Date

_____ _____
Guardian's Signature (if patient is a minor) Date