

Associates in Neuropsychology and Behavioral Health

Glen. D. Greenberg PhD, ABPP, Melanie O'Neill PsyD, BCB, Elysia Benedict PhD

Neuroscience and Surgical Institute of Delaware

774 Christiana Road Suite 201A

Newark, Delaware 19713

Mailing Address: P.O. Box 594 • Westtown, PA 19395-0594

Request to Obtain Protected Health Information (PHI)

Date: _____

To: _____

Patient: _____ Date of Birth ____/____/____

Please release the medical or psychological records of the above individual for purposes of clinical care.

Records requested:

Please fax the records to:

Associates in Neuropsychology and Behavioral Health

FAX 302 294-6832 or 610 566-0502

Or mail to:

Associates in Neuropsychology and Behavioral Health

Neuroscience and Surgical Institute of Delaware

774 Christiana Road

Suite 201A

Newark, Delaware 19713

Print Name _____

Date ____/____/____

___ Patient

___ Guardian or POA

Signature _____

Thank you!