

**NEUROPSYCHOLOGICAL
ASSOCIATES, LLC**



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Patient Release – Medical Review

I authorize Dr. Barnoski's office to release records which will assist in obtaining authorization for services with his office.

Patient Name

Date of birth

Insurance Company ID #

Signature of Patient or guardian

Date

This fax line is used to send and receive patient private health information; it is secure (this fax machine is not used by patients; nor do patients have access to view incoming faxed documents).