

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg. B-116, Reno, NV 89502
(775)688-1268
nbop@govmail.state.nv.us

Release of Psychological Records

I _____, Patient or as Legal

Representative/Guardian for _____, hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic or other medical related facility licensed or certified by the State of Nevada or any other state, to release information from my psychological records to the State of Nevada Board of Psychological Examiners at the above address.

I also hereby release all of the above named health providers from all liability and all claims of any nature whatsoever pertaining to disclosure of information contained in my psychological records as may be required for the investigation of my Consumer Complaint to the State of Nevada Board of Psychological Examiners. It is understood that this release will be used in the following ways:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the State of Nevada Board of Psychological Examiners;
2. All psychological information may be released, including psychological history, mental or physical condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results, and the professional(s)'s notes.
3. This release shall be valid for one year from date of signing.
4. A copy of this release is as valid as the original.

Date

Signature of Patient

Date

Signature of Parent or Guardian (if required)

Date

Signature of Witness
