Christina Della Nebbia, PhD, Inc.
1001 Cross Timbers Road, Ste. 1240
Flower Mound, TX 75028
Ph: (972)966-1079 F: (972) 767-0755
Realhoperealhelpdr.d@outlook.com

Authorization to Release Medical Records and Protected Health Information

All information must be completed in full to validate this request. Copies of medical records from Dr. Della Nebbia may take up to 15 business days and may incur a $25 charge due at the time of request, except for the transfer to another mental health professional. Pursuant to Texas law, psychological test data are not part of a patient's record. Requests for raw data will only be released to another mental health professional.

Patient Information:

Patient Name: _____ Date of Birth: _____

Phone Number: _____

Releasing Records:

Circle One: From/ To

Christina Della Nebbia, Ph.D.
1001 Cross Timbers Road
Suite 1240
Flower Mound, TX 75028
Phone: (972) 966-1079 Fax: 972-767-0755

Circle One: From/ To

Name: _____
Address: _____
_____
_____
Phone: _____ Fax: _____

Information to be covered by this release:

☐ Full Record ☐ Copy of Report ☐ Raw Data ☐ Other: _____

Purpose for release:

_____

I, _____ authorize the above listed entity and its employees to release for inspection and copying the Protected Health Information (PHI) specified above. I understand the records may contain information of a sensitive and confidential nature including but not limited to mental health, AIDS/HIV test information, and drug or alcohol treatment. I understand I may revoke this release at any time by notifying Dr. Della Nebbia in writing. I understand the potential for information to be disclosed following authorization is subject to redisclosure by the recipient and is no longer protected by HIPAA.

_____ _____ _____
Printed Name Signature Date