

Stacey J. Nyman MS, NCC, LAPC

NGPS
99 Weatherstone Drive, Suite 940
Woodstock, GA 30188
404-368-5552

Authorization to Release/Obtain Protected Health Information

I, _____, authorize Stacey J. Nyman to

Release my records to _____

Telephone _____ Fax _____ and/or to

Obtain my records from _____

This information should only be released to Stacey J. Nyman MS, NCC, LAPC at NGPS, 99 Weatherstone Drive, Suite 940, Woodstock, GA 30188 (Tel. 404-368-5552) for the purpose of coordinating services. I also hereby authorize Stacey J. Nyman to speak with _____ by telephone as needed to fulfill the purposes of this release. This authorization shall remain in effect until _____.

I understand that I have the right to revoke this authorization by notifying Stacey Nyman in writing at 99 Weatherstone Drive, Suite 940, Woodstock, GA 30188. My signature below is completely voluntary.

Signature of Patient or Authorized Representative

Date

Printed Name