ACADIANA PSYCH ASSOCIATES, LLC

LECY ALBARADO, APRN

REQUEST FOR COMMUNICATION

I request the following alternatives relating to communications directed to me by Acadiana Psych Associates, LLC for release of my medical and billing records.

Acadiana Psych Associates, LLC & staff are authorized to discuss and/or release my medical records and/or billing records with/to:

_____ _____

Name **Relationship to Patient**

_____ _____

Name **Relationship to Patient**

_____

Signature of Patient or Personal Representative

_____

Printed Name of Patient or Personal Representative

_____Date