



**SERVING  
THE  
COMMUNITY  
SINCE 1978**

DEAR PATIENT:

**PLEASE COMPLETE THE FOLLOWING RELEASE OF INFORMATION AND RETURN IT EITHER BY FAX OR MAIL TO THE ATTENTION OF KAY.**

Please make sure to complete the entire form and at the **BOTTOM OF THE RELEASE PLEASE MAKE SURE TO FILL OUT YOUR CONTACT PHONE NUMBER**, so that Kay can contact you with any questions or to collect the fee for the copying of your records.

**FEES INCURRED FOR REQUESTING COPIES OF YOUR RECORDS:**

\$10 processing fee  
\$0.50 per page for (pages 1-50)  
\$0.25 per page for (pages 51-over)

Payment will be due when records are ready for pick up or if you need them mailed a credit card payment will need to be received, prior to records being sent.

**OUR FAX NUMBER IS 703-573-2351 – ATTN: KAY**

**KAY'S CONTACT NUMBER 703-698-5220 EXT 316**

**MAILING ADDRESS:**

Novapsy – Attn: Kay  
8316 Arlington Blvd  
Suite 600  
Fairfax, VA 22031

Any questions, please contact Kay directly.

Thank you for your cooperation.

Novapsy

