Northwest Neurology

**AUTHORIZATION TO RELEASE INFORMATION**

Patient Name (Print):_____

Date of birth:_____ Telephone #: _____

Dates of Service: _____ Possible other name:_____

**I hereby authorize Northwest Neurology, Ltd. To release information to:**

Person/Facility_____

Address:_____City/State/Zip_____

Tele #_____Fax_____

**Information being released**: ☐ Labs ☐ MRI ☐ EMG/EEG ☐ Progress/ Office Notes

Other:_____

**I authorize Northwest Neurology, Ltd. To release sensitive information as indicated:**

Including: ☐ Drug ☐ Alcohol ☐ Behavioral Health ☐ Psychiatric information

**This information will be used/disclosed for the follow purpose:**

☐ Continuing care ☐ Personal ☐ Legal ☐ Other:_____

**NOTICE TO PATIENT**

I fully understand that my medical record for the above dates of service may contain drug, alcohol, behavioral health and/or psychiatric information as well as Acquired Immune Deficiency Syndrome/HIV test results and other sensitive information. I understand that I have the right to inspect and/or obtain a copy of the information prior to disclosure. I understand that this authorization if voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits. I understand that I may revoke this authorization at any time by notifying the person/organization providing the information in writing. However, the revocation will not be valid if: **A.)** Action has been taken in reliance of this authorization: or **B.)** If this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy of the policy itself. I understand that the information I authorize a person or entity to receive, may be re-disclosed and no longer protected by federal privacy regulations.

This consent will be valid for one year from the signature date, or until_____.

**Patient Signature: _____ Date: _____**
**Legal representative: _____ Relationship: _____**
**Witness: _____ Date: _____**