



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 is 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:** _____