

Authorization For Neurosurgery Specialists To Release Medical Information

COST FOR COPIES

Patient Name: _____

Self: First page \$1.00, then \$0.50 per page

Patient Date of Birth: _____

Attorney Base Charge of \$10.00
Or Insurance First page of \$1.00 then,
Company: \$.50 per page

I hereby authorize Neurosurgery Specialists to release the medical information described below to the following individual or company: _____

Phone: _____ FAX: _____ Email: _____

How would you like the information to be released (check one)

- Picked up (We will call when ready)
- Faxed to number listed above
- Emailed to email above

Information to be released (check one)

- All medical information concerning this patient but not to exceed five years.
- Medical information dated from _____ to _____

Purpose of request (check one)

- Self, Employment, Other Attorney Insurance Company/Medical Claim Physician Disability

By signing below, you acknowledge the following:

1. I understand that the medical and health information that may be released could contain records about me that indicate the presence of a communicable or venereal disease such as hepatitis, syphilis, gonorrhea, HIV or AIDS.
2. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and that it will not apply to information that has already been released in response to this authorization.
3. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy regulations.
4. I understand authorizing the use or disclosure of the information identified above is voluntary.

Signature of Patient or Legal Representative:

Date:

Relationship if not Patient (Please note: A copy of a Power of Attorney may be necessary)

Date:

INSTRUCTIONS: Please complete and FAX to (918) 492-4033. Please allow 10 to 14 business days for this request to be processed.

You will be billed prior for the medical records as noted above. This authorization will expire six months after date of signature.