



Associates In
Neurosurgery

CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

I, _____, hereby authorize Associates in Neurosurgery to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify to carry out my treatment, payment and health care operations I understand that while this consent is voluntary, if I refuse to sign this consent, Associates in Neurosurgery can refuse to treat me.

I have been informed that Associates in Neurosurgery has prepared a notice (“Notice”), which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations I understand that I have the right to review such Notice prior to signing this consent.

I understand that I may revoke this consent at any time by notifying Associates in Neurosurgery in writing, but if I revoke my consent; such revocation will not affect any actions that Associates in Neurosurgery took before receiving my revocation.

I understand that Associates in Neurosurgery reserves the right to change its privacy practices and that I can obtain such notice changes upon request.

I understand that I have the right to request that Associates in Neurosurgery restrict how my individual identifiable health information is used and/or disclosed to carry out treatment, payment or health operations I understand that Associates in Neurosurgery does not have to agree to such restrictions, but that once such restrictions are agreed to, Associates in Neurosurgery must adhere to such restrictions.

I authorize the names listed below to receive my medical information (e.g. Family, friends, fax, e-mail, phone number, etc...)

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

We will contact you by e-mail, fax, mail, or phone unless you otherwise notify our office in writing below.

Signature of Patient or Patient’s Representative

Date

Print Name

Relationship to the patient