

Patient Information Authorization

Patient Name

Date of Birth xx/xx/xxxx

Today's Date

It is the policy of Midwest Neurology Associates, P.C. that all personnel preserves the integrity and the confidentiality of medical and financial information pertaining to the patients. The purpose of this policy is to ensure that Midwest Neurology Associates, PC and its officers, employees, and agents have the necessary medical and financial information to provide the highest quality of service while protecting the confidentiality of that information. To that end, we ask that the patient complete the following information.

Information regarding the status of my medical condition may be given to:

Name

Phone xxx-xxx-xxxx

Relationship

Name

Phone xxx-xxx-xxxx

Relationship

Name

Phone xxx-xxx-xxxx

Relationship

Name

Phone xxx-xxx-xxxx

Relationship

Name

Phone xxx-xxx-xxxx

Relationship

I was offered a copy of the Notice of Privacy Practices

Signature of Patient or Parent/Guardian

Date



Midwest Neurology
Associates, P.C.

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