



AUTHORIZATION TO DISCLOSE/OBTAIN PROTECTED HEALTH INFORMATION

Name: _____ DOB: _____

I, the undersigned, authorize the release of or request access to the information specified below from the Medical record, protected patient information from Affinity Neuro Care on the above-named patient.

• Patient information is needed for: (check one)

- Continuing Medical Care
- Social Security/Disability
- Insurance
- Legal Purposes
- School
- Personal Use

Other _____ Dates of service: _____

• Information to be released or accessed: (check one)

- Operative Report
- Blood Test Report
- Consultation Reports
- Radiology Reports (MRA, MRI, CT Scan)

Other _____ Dates of service: _____

• I authorize the Affinity NeuroCare: (check one)

- to obtain confidential information from:
- to release confidential information to:

Name of the Entity	Individual or Self Phone Number	Fax Number	
Address	City	State	Zip Code

- I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law.
- The information obtained or disclosed pursuant to this authorization may be subject to re-disclosure and I hold harmless Affinity NeuroCare and/or its representatives from liability resulting in the release or obtaining of the above protected health information.
- I understand that I may revoke this authorization in writing at any time prior to release of the protected health information specified above.
- I understand that the specified information to be released may include but not limited to history, diagnoses and or treatment of drug and alcohol abuse or use, psychiatric treatment, mental illness, communicable diseases which are protected by Federal Law 42CFR Part 2, Including HIV, AIDS, all sexually transmitted diseases.
- I understand that I may be charged a fee for copies of my medical records/protected health information according to Texas Hospital Licensing Law.

Signature: _____ Date: _____
Printed Name of Patient or Legally Authorized Representative