



2450 E. River Road • Tucson, AZ 85718 • Phone: 520.795.7750 • Fax: 520.320.2155

AUTHORIZATION FOR RELEASE OF or AUTHORIZATION TO OBTAIN MEDICAL RECORDS

Note: All information must be provided – incomplete forms cannot be processed

PATIENT NAME: _____ DATE OF BIRTH: _____

PURPOSE OF RELEASE: Continuity of Care At the Request of the Individual Other: _____

FMLA/Disability Please note there is a \$25 charge per form to complete this paperwork

Two-way release – records may be released both to/from either party.

RECORDS TO BE RELEASED FROM:

Name: _____

Address: _____

City, State, Zip Code: _____

Fax Number: _____

RECORDS TO BE RELEASED TO:

Name: _____

Address: _____

City, State, Zip Code: _____

Fax Number: _____

Check here if records need to be sent.

Information to be released: (circle any that apply) CONSULTATIONS & OFFICE VISITS NEUROPHYSIOLOGY

LABORATORY HOSPITAL CONSULTS & PROCEDURES RADIOLOGY Report Only CD with Image

OTHER: _____

Dates of records to be included: FROM: _____ TO: _____ OR **PRESENT**

PLEASE NOTE:

- Center for Neuroscience will not base treatment, payment, enrollment or eligibility for benefits on whether this authorization is signed.
- You may change or revoke this request by sending a written request to Center for Neurosciences at the address above.
- Information disclosed based on this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.
- Records will be sent by mail within 14 business days of receipt of this request.

I have read and understand the above information. My signature authorizes the disclosure of the information described. This Authorization will expire two years from the date of this signature.

Signature of Patient, *Personal Representative or Parent/Guardian

Date

Relationship if the person signing is other than the Patient: _____

****If this request is made by a Personal Representative, we will require verification of the authority of that Personal Representative before this request will be considered complete.***

OFFICE USE ONLY

Identity verified by: _____