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

HIPAA Privacy Authorization Form

Authorization for Use and Disclosure of Protected Health Information

Note: This is not a release of medical records

PATIENT NAME: ________________________________ **Birthdate:** ______________________
(PLEASE PRINT)

If you would like our providers and staff to be allowed to disclose or receive your (or your child's) health information to/from family members, the other parent, or personal representatives please provide the name(s) of the individual(s) here and sign below:

1. Name:______________________________________Relationship:________________Phone________________

2. Name:______________________________________Relationship:________________Phone________________

3. Name:______________________________________Relationship:________________Phone________________

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, ATTN: HIPAA Officer.
- 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.

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

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

Name:________________________________ ______________________________ ____________________
Patient, *Personal Representative or Parent/Guardian Signature Date
(PLEASE PRINT)

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

Processed by:____

Revised 03/29/2022