NEUROAUSTIN

# Authorization for Release of Information

**In accordance with legal and regulatory agency, the health record is the property of NeuroAustin Neurology Associates, PLLC. A fee of $25 is charged for the first 20 pages then $0.50 per page thereafter, not to exceed $15.00. A fee is only assessed when record is released directly to the patient. There is no fee for records sent directly to a physician or medical facility**

## PATIENT

Patient Name_____ Date of Birth_____

Last four digit of your Social Security Number: ### - ## -_____

## RELEASE RECORD TO

☒ Myself for Personal Use or _____

Name _____ Phone_____

Address_____ Fax _____

City, State, Zip _____

## PLEASE RELEASE FOLLOWING

| | | |
|---|---|---|
| ☐Discharge & Summary | ☐Lab Report | ☐Pathology Reports |
| ☐Consultation Note | ☐Diagnostic Reports | ☐EKG, EEK, Sleep Study |
| ☐OP Reports | ☒Other | |

## PURPOSE OR NEED FOR DISCLOSURE

| | | |
|---|---|---|
| ☐Attending Physician Statement | ☐Consultation | ☐Payment of Claim |
| ☐Disability Determination | ☐Legal Investigation | ☐Further Medical Care |
| ☐Personal | ☒Other | |

I hereby authorize the release of my medical records, including all results and tests that may include the following data: Drug, alcohol, and psychiatric treatment to the party noted above.

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

I understand that I may revoke/revocation this authorization at any time except to the extent that action has been taken. This authorization will expire ninety (90) days from the date of my signature or as otherwise specified by date, event, or conditions as follows:

_____ _____

**Signature of Patient** **Date**

4544 S. Lamar Blvd, Ste 760 Austin, TX 78745 Phone (512) 433-6333 FAX (512) 433-6331