Iredell NeuroSpine
774 Hartness Rd Statesville NC 28677
554 Brawley School Rd Suite B Mooresville NC 28117
704-954-8277
704-954-8199 FAX

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Name: _____ DOB: _____
Last First MI

Address: _____ City: _____ State: _____Zip: _____

I hereby consent to authorize Iredell Neurospine to **(Circle One) Release to** or **Receive** information concerning the history, treatment, examination and/or hospitalization of the above named patient **from/to** the following facility or individual:

_____
Name of facility/ Individual Receiving/Releasing Information

_____
Address

_____

I understand that the specific type of information to be released includes:

☐ Discharge Summary ☐ History and Physical ☐ Emergency Department Reports
☐ Operative/Procedure Reports ☐ Lab, X-Ray, EKG Reports
☐ Other(Specify):_____

I understand that this authorization is voluntary, and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; make or receive payment; or enrollment or eligibility for benefits.

Purpose for Disclosure:

☐ Continuity of Care ☐ Insurance ☐ Personal
☐ Legal Investigation ☐ Disability Determination
☐ Other(specify) _____

I hereby authorize disclosure of the health information of the above-named patient. The authorization is valid for 60-days from the date of signature or the following date/event _____, whichever is later. I understand that I may revoke this authorization at any time by notifying Iredell NeuroSpine in writing. However, the revocation will be valid only as to future uses and disclosures of my protected health information if Iredell NeuroSpine has taken action in reliance on the authorization.

_____ _____
Signature of Patient or Representative Date

_____
Relationship to Patient (if Applicable)

_____ _____
Print Name and Title of Person Receiving Information Date

Verification of Identity Method:

☐ Photo ID ☐ Legal Documentation ☐ Other(specify):
_____

Miller NeuroSpine
1375 4th St Dr NW
704-954-8277
704-954-8199 FAX

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