

Wesley Neurology Clinic, P.C.

Authorization for Use or Disclosure of Health Information

Patient Name: Patient Acct #:

Patient Address:

City: State: Zip Code:

Date of Birth: / / Social Security Number: - -

With regard the information identified in Section 3 below, I authorize Wesley Neurology Clinic, P.C. to send and/or obtain information to and/or from the healthcare provider or organization listed below:

Physician/Facility Name:

Physician/Facility Address:

City: State: Zip Code:

Phone Number: - - Fax Number: - -

2. The purpose for which the information is being disclosed:

3. I authorize the disclosure of the following information from my medical record:

Complete Medical Record Laboratory Results Progress Notes Test Results

Other (please specify):

4. I understand that I have a right to revoke this authorization at any time by presenting my written revocation to Wesley Neurology Clinic, P.C. I understand that the revocation will not apply to information that has already been used or released. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. If this Authorization has not been revoked, it will terminate in one year.

5. I understand that I can refuse to sign this authorization. I need not sign this form in order to obtain treatment, payment, or health plan enrollment or eligibility. I understand that any disclosure of information carries with it the potential for redisclosure by the recipient and that the information may no longer be protected by federal confidentiality rules. I am also releasing this office of any responsibilities related to the faxing of those records. If I have any questions about uses or disclosures of my health information, I can contact Wesley Neurology Clinic, P.C. at :

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|---|---|---|---|
| <input type="radio"/> 1211 Union Avenue
Suite 400
Memphis, Tn 38104
901-725-8920 Ofc
901-725-9436 Fax | <input type="radio"/> 2950 New Covington Pike
Suite 270
Memphis, Tn 38128
901-387-2120 Ofc
901-387-2127 Fax | <input type="radio"/> 8000 Centerview Parkway
Suite 101
Memphis, Tn 38018
901-753-4093 Ofc
901-757-7844 Fax | <input type="radio"/> 7655 Poplar Avenue
Suite 155
Germantown, Tn 38138
901-624-2960 Ofc
901-624-2961 Fax |
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Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

/ /
Date

*Relationship to Patient (if Personal Representative)