



Chart #: _____

Tri-State Mountain Neurology Associates, P.C.

AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name (Last, First, Middle or Maiden)	Social Security #	Date of Birth
Name/Address of Agency, Organization, Clinic or [From] Individual which possesses information to be released: <p style="text-align: center;">Tri-State Mountain Neurology Associates, P.C. 1321 Sunset Drive, Suite 11 Johnson City, Tennessee 37604 Phone: (423) 928-6174 Fax: (423) 926-2258</p>	Name/Address of Agency, Organization, Clinic or [To] Individual which possesses information to be released:	
Information to be used or disclosed by this authorization:	Purpose(s) or Need for which the information is used:	

I hereby request and authorize the above-named agency, organization, clinic or individual which possess information relative to the patient named above, to release information, as specified, to the agency, organization or individuals named on this request. I understand and agree that the information to be released may include information regarding drug abuse, alcohol abuse, sickle cell anemia, psychological or psychiatric impairment, HIV, AIDS and AIDS- related illnesses, as well as other communicable diseases.

Expiration Date of Authorization: This authorization is effective through ____/____/____ unless revoked or terminated by patient or patient's personal representative.

Right to Terminate or Revoke Authorization: You may revoke or terminate this authorization (except to the extent that action has

Potential for Re-disclosure: Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal laws.

I certify that this authorization is made freely, voluntarily and without coercion.

A clear and legible photocopy of this consent for release of information shall be considered to be valid as the original.

Signature of Patient or Legally Responsible Person

Date

Witness

Date