

Emerald Coast Center for Neurological Disorders

Personal Health Information Disclosure

I authorize Emerald Coast Center for Neurological Disorders to use and disclose the protected health information described below to:

Name _____ Relation to patient _____

Name _____ Relation to patient _____

Name _____ Relation to patient _____

Name _____ Relation to patient _____

I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

OR

I authorize the release of my complete health record, with the exception of the following:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse treatment
- Other (please specify) _____

This medical information may be used by the person(s) I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

This authorization shall be in force and effect indefinitely—unless indicated by date below, at which time this authorization expires. Date _____
MONTH DAY YEAR

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned upon whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Note: Disclosure of personal health information for clinical trials shall follow research protocols and informed consent guidelines.

Patient Name (print)

Date of Birth

Signature of Patient or Guardian

Date