RECORDS RELEASE AUTHORIZATION

TO: _____

_____

_____

I HEARBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:
METROLINA NEUROLOGICAL ASSOCIATES, PA

Howard Mandell, M.D. • Mark A. Porter, M.D. • Harold Reeves, M.D. •
David Buckland, D.O • Christy Petit, MSN, FNP-C

❑ 200. S Herlong Avenue, Suite H, Rock Hill, SC 29732 • Phone (803) 366-6135 Fax (803) 366-3439
❑ 7666 Charlotte Hwy, Suite 220, Indian Land, SC 29707 • Phone (803) 578-9050 Fax (803)578-9060
❑ 127 Professional Park Drive, Rock Hill, SC 29732 • Phone (803) 366-6135 Fax (803)329-8645

Description of information to be released /used:
Date of Service: _____ Service Provided: _____ Describe in detail the level of information to be released
_____.
Permitted use of the described information or reason for the request:
_____.
This authorization shall be in force and effect until:
Date of Expiration _____ (or) description of an event that will cause this authorization to expire. The event may relate to the patient or the intended use or disclosure _____.

NAME_____

ADDRESS_____

_____

SSN: _____ DATE OF BIRTH _____

SIGNATURE _____DATE_____

Rights of the Patient
I understand that I have the right to revoke this authorization at any time by sending a written notification to the address on this authorization.
I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may not longer be protected by federal or state law. Any information received by this office for our own use will continue to be protected by the Federal Privacy Rule.

I understand that I have the right to inspect or copy the protected health information to be used or disclosed as described in this document. I can do this by written notification to the address on this authorization.

I understand that my treatment will not be conditioned on signing this authorization.

I understand that I have the right to refuse to sign this authorization.

_____
Signature of Patient Date

_____
Print or Type Name of Patient or Personal Representative

_____
Description of Personal Representative's Authority (attach necessary documentation)