



NEUROLOGY CENTER OF FAIRFAX, LTD.

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Reston Office 1830 Town Center Dr, Suite 305, Reston, VA 20190
Office Phone 703.876.0800 | Fax 703.876.0866
After hours emergency 703.755.1450

Patient authorization and request to send protected Health Information

Patient Name: _____ Date of Birth: _____

Social Security Number: _____ Daytime Phone: _____

Patient Address:

Street City State Zip

Authorization

By signing this authorization, I authorize Neurology Center of Fairfax, Ltd. To use and/or disclose certain protected health information (PHI) about me

To: _____
Physician or person to receive this information

Table with 2 columns: I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. This authorization permits Neurology Center of Fairfax, Ltd. To use and/or disclose the following information about me: Time period for records: From: _____ To: _____

Circle all that apply:

- Office Notes MRA EMG EEG MRI CAT scan
Laboratory Tests Letter Forms Insurance Information Billing Statements

Please send the records requested above to the following address:

Street City State Zip

The information will be used or disclosed for the following purpose: _____

This authorization will automatically expire 1 year from date signed unless otherwise indicated: _____
Expiration date

When my information is used or disclosed pursuant to this authorization it may be subject to redisclosure by the recipient and may no longer be protected by federal HIPPA privacy rules. I have the right to revoke this authorization in writing. My written revocation must be submitted to the Privacy office at the address for Neurology Center of Fairfax listed above.

Signature of Patient or Legal Guardian* Print Name of Patient or Legal Guardian Date

If legal guardian a copy of the power of attorney must be attached.