

NEUROSURGERY & SPINE ASSOCIATES OF CENTRAL ALABAMA, P.C.

Physical Medicine & Rehabilitation
Parker Pavilion
2065 East South Blvd., Suite 204
Montgomery, AL 36116-2463

MEDICAL RELEASE FORM

Effective April 14, 2003 (due to federal guidelines under HIPAA) we are now required to have a release form signed by the patient before we can give out any medical or financial information to any person other than the patient.

Please list below the names, relationship, and phone numbers of any authorized individuals (spouse, family members, friends, caregivers, etc.) that we may discuss your medical or financial information with.

NAME

RELATIONSHIP

PHONE NUMBER

- 1) _____
- 2) _____
- 3) _____

May we leave medical information on your "home" answering machine?

Yes _____ **No** _____ **Phone Number:** _____

Patient Name: _____ **Date of Birth:** _____

Signature of Patient/Parent _____ **Date:** _____

OR

If you do not want any of your medical or financial information discussed with anyone other than yourself, please sign here.

Patient Name: _____ **Date of Birth:** _____

Signature of Patient/Parent _____ **Date:** _____

The above information is private and confidential and will be placed in your medical chart.
The information on this form will remain valid until we are notified otherwise.