

# ***Southwest Neurology and Sleep Medicine LLC***

2401 W Glendale Ave Phoenix, AZ 85021

Phone (602) 772-5770 Fax (602) 772-5771

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

### **I authorize Southwest Neurology and Sleep Medicine LLC to:**

\_\_\_\_\_ Release information to **OR** \_\_\_\_\_ Obtain information from:

Physician/ Organization: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Release the following information from my medical records:

_____ Complete Records	_____ Physician Note/Dictations	_____ Discharge Summary
_____ Pharmacy Records	_____ CT/MR/ Other Radiology Reports	_____ Lab Reports
_____ EEG,EMG,EKG,Echo Reports	_____ Operative Reports	_____ Other(Specify Below)

In accordance with Federal Regulations, 42 CFR, Part 2, I hereby consent to the release of records pertaining to treatment/diagnosis of the following conditions, (please initial on the lines)

\_\_\_\_\_ Drugs and/or Alcohol Abuse      \_\_\_\_\_ Psychiatric Treatment      \_\_\_\_\_ AIDS/HIV

### **The purpose of this request is for:**

_____ Further Medical Care	_____ Applications/Insurances	_____ Government Agency
_____ Payment of Insurance Claim	_____ Disability Determination	_____ Immunization Only
_____ Attorney/Legal Investigation	_____ Other _____	

Attorney's Name: \_\_\_\_\_

\_\_\_\_\_ **I DO** \_\_\_\_\_ **I DO NOT** authorize the facsimile (FAX) transmission of the above records. I understand that this authorization shall expire, without my express revocation, 6 months from the date written below (60 days for drug/alcohol abuse treatment records). A photocopy of this authorization shall be considered as effective and as valid as the original.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Information sent via Facsimile (FAX) \_\_\_\_\_ Date Transmitted: \_\_\_\_\_