Parkway Neuroscience and Spine Institute, LLC.
13-17 Western Maryland Parkway
Hagerstown, Maryland 21740
T.301-797-9240 Ext. 1161 F.301-797-4177

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

_____ _____
(Print **patient's** full name) Birth date (Mo/Day/Yr)

_____ _____
(Street address) Social Security Number

_____ _____
(City, state, zip code) Phone (Home)

At the request of the individual, I _____, do hereby authorize _____to release medical records (patient's name)

_____HISTORY & PHYSICAL _____LABORATORY REPORTS _____OTHER _____
_____PROGRESS NOTES _____RADIOLOGY REPORTS _____
_____OPERATIVE NOTES _____EMERGENCY REPOIRTS _____

***For delivery, please complete attached form along with authorization for release of records.*

INFORMATION RELEASE TO: _____
Name of Company/Agency/Facility/Person

_____
Street address

_____
City, state, zip

PURPOSE OF DISCLOSURE:

_____REFERRAL TO SPECIALIST _____INSURANCE _____WORKERS COMP _____CHANGE OF DOCTOR
_____LEGAL INVESTIGATION _____DISABILITY DETERMINATION _____PERSONAL OTHER_____

I hereby authorize disclosure of the health information for the above named patient. I authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____ _____
Signature of individual or guardian or Personal Representative of patient's estate **Date**

NOTE: Federal and state laws permit a fee to be charged for the copying of patient records. ScanSTAT Technologies, has been contracted to provide the service of medical records request. ScanSTAT Technologies can be reached on site at 301-797-9240 EXT 1161.