

BOCA RATON NEUROLOGIC ASSOCIATES

Date: _____

I, _____, hereby grant permission to Boca Raton Neurologic Associates, PA, and any employee or agent working on its behalf, to share my confidential medical information and medical records with any and all of my current treating physicians.

In addition, I request that my confidential information and medical records be shared with the following individuals (you may include your spouse, children and / or friends, i.e. any person who might call and inquire about your condition).

I further understand that I may, at any time, revoke the above permission or modify the above list of individuals by doing so in writing.

Signature: _____ Date: _____

BOCA RATON NEUROLOGIC ASSOCIATES

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Boca Raton Neurologic Associates (BRNA) has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information. You may review our current notice, available in the waiting room, prior to signing this acknowledgement and consent.

This consent authorizes Boca Raton Neurologic Associates, PA or any employee or agent working on its behalf to use and disclose health information about you for treatment, payment and health care operation purposes only.

"I have received a copy of BRNA's Notice of Private Practices. I hereby grant permission to Boca Raton Neurologic Associates, PA to share my confidential medical information with any and all of my current treating physicians, and as needed to obtain payment from insurance company.

In addition, I request that my confidential information and medical records be shared with the following individuals (you may also choose, "none")

Names of Individuals with whom we are allowed to speak on your behalf:

I further understand that I may, at any time, revoke the above permission or modify the above list of individuals by doing so in writing.

Print Name _____

Signature: _____ Date: _____

Comments, if patient is unable to sign _____