

DALLAS NEUROSURGICAL AND SPINE ASSOCIATES, P.A.

HIPAA COMPLIANCE

(HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)
EFFECTIVE: APRIL 14, 2003

RELEASE OF MEDICAL INFORMATION

Dallas Neurosurgical and Spine Associates, P.A. has a legal, ethical and moral obligation to protect your confidentiality. Any information about you will be held strictly confidential.

I, hereby authorize Dallas Neurosurgical and Spine Associates, P.A. (which includes physicians, nurses, and staff) to release all medical records/ information including verbal conversations, medical records, radiology films, and written prescriptions for pick up).

SPOUSE

REFERRING PHYSICIANS ALL

PARENT/OTHER

PATIENT'S SIGNATURE _____

DATE

WITNESS (OPTIONAL) _____